Clinical Lecture
ON
CONGENITAL TUMOURS.

Delivered at the Manchester Royal Infirmary,

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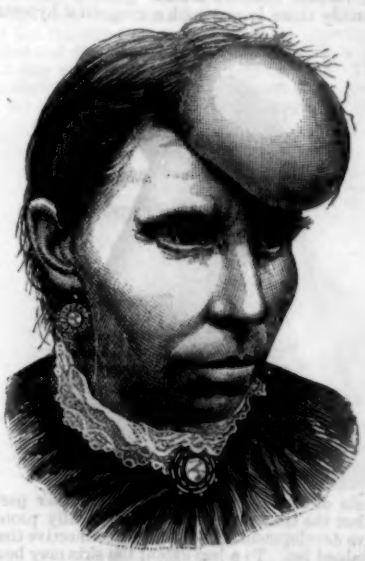
GENTLEMEN,—Having recently had in my wards several cases of congenital tumour, I propose to take the opportunity which they afford of drawing your attention to a class of cases which cannot be frequently well illustrated in a general hospital. By the term "congenital tumour," I do not mean to include all tumours which may be met with congenitally, nor do I mean to exclude all tumours whose existence is not evident at the time of birth. The cases I refer to are those of tumours which are dependent on and arise from mere developmental errors of the normal tissues. They are associated with the growth of the embryo, and as a matter of fact, have nearly always grown to such a size at the time of birth as to be recognisable at that period, or very shortly after it. The errors of development which produce these tumours may be classified as follows: (1) Included fœtation; (2) dissociated blastoderm (dermoid cysts); (3) tissue hypertrophy (fibro-fatty tumours, cystic tumours, and nævi).

1. *Included fœtation; attached fœtus.*—In the development of the blastodermic vesicle the normal course is the formation of a single embryonic area, and subsequently of a single primitive streak and a single medullary groove. If, however, a double embryonic area be formed, two embryos will result in place of one only; and if these areas come in contact, a fusion of the two, to a greater or less extent, may take place. As a result there will be a double fœtus. The degree of attachment in such a case may vary from a mere band of soft tissue, as in the well-known case of the Siamese twins, to an extensive coalescence and fusion of a part of the skeleton. The latter result is the more likely to occur, according as the duplication supposed takes place at a later period than the appearance of the embryonic area. Instead of being merely "attached" in the manner indicated, the coalescence may be so complete that one of the germs may be surrounded by the advancing development of the other, and its growth seriously compromised. Thus it might occur that a limited portion only of the parasitic fœtus attains full development, and monstrosities of various kinds be thus produced. Projection of one or more limbs of the parasite from the body of the host is an ordinary example of such a monstrosity. It may even happen that at the time of birth the inclusion may be still complete, and the abnormal condition only become manifest by the sprouting forth of the parasitic members at a later period. While these various forms of monstrosity are sufficiently interesting from an embryological point of view, they have very little of surgical interest in them; and I have alluded to them merely to give an aspect of completeness to the subject I am dealing with. We pass on to a class of cases to which the appellation of the term "tumour" is strictly accurate, but whose genesis may still be referable to the same errors of development as have produced the exaggerated condition I have just mentioned—that is to say, to fœtal attachment or inclusion. Closely connected with certain parts of the body, more particularly with the sacrum, the ovary, and the testis, tumours are sometimes met with of a cystic formation, containing a quantity of more or less developed fœtal structures, such as cartilage, bone, viscera, skin, hair, or sebaceous matter. It is probable that here, again, there has been a fusion of the germs of two individuals. It has, however, been more complete than in the former instances, and, from certain causes operating at a very early period, probably from the cutting off of its proper blood-supply, the due development of the included fœtus has been arrested. It thus comes to be dependent for its nourishment on the blood-supply of that part of the host to which it is more particularly attached. As this would generally be provided by vessels of insignificant size, the quantity will be too niggardly to permit of more than a very tardy and incomplete growth of the aberrant structures. If I except, possibly, one or two ovarian tumours, I cannot refer you to any example of this class of tumour in my own practice; but I remember very well the case of a young woman who was under the care of Professor Lund in this infirmary, and who had what, I believe, was such a tumour, situated between the sacrum and rectum. In such cases the question of operative treatment will frequently arise, and it will depend largely on the extent of the dissection required to extirpate the growth.

2. *Dissociated blastoderm.*—I have said that the foregoing cases are probably due to the inclusion of a second fœtus. The implied reservation has reference to the mode of origin of the next class of congenital tumours which I have to mention. We have seen how the germ of one fœtus may be enveloped in that of another, and cut off entirely from its proper connexion with the maternal structures. It becomes displaced and detached. In a similar manner you can understand how, in the process of evolution and growth of the layers of the blastoderm of a single fœtus, there may be an inclusion and separation from its proper connexions of some portion of one or other of the three layers. I shall speak to you immediately of cases of tumour which, by common consent, are explained in this way; but it is possible enough

FIG. 1.



that some of those which I have just been referring to, which contain fœtal elements of various kinds, may, in reality, have been produced by some dislocation of the blastoderm of the subject, and not by fœtal inclusion. Probably one would determine the matter by the degree of variety of the contents of the tumour in question. The cases which appear undoubtedly to arise in the former manner are those whose contents consist simply of structures belonging to the skin and its appurtenances. Such tumours are of comparatively frequent occurrence, and are denominated dermoid cysts. They are met with most frequently in the ovary, under the roof of the orbit, in the neck, and on the head. They are to be regarded as due to a displaced piece of epiblast, which, slowly growing according to its original character, in its foreign soil, presents in process of time an epidermal sac with included sebaceous matter, hair, teeth, or, it may be bone, according to the situation to which it primarily belonged. A good example of such a tumour you saw lately in my female ward. Mrs. ——, aged thirty-eight, had a tumour over the middle of the forehead. (Fig. 1.) At birth it was about the size of a marble, and it had gradually increased to be larger than a fist. Situated where it was, there appears to have once been a suspicion that it might be an encephalocele, and operation was not advised. At the time we saw the patient

however, we were at once satisfied of its real character by the peculiar feeling it had when taken between the fingers. It was easily compressible, and felt somewhat like a bladder of half-melted tallow. For some distance around the most prominent part the skin was closely adherent to the tumour; elsewhere it was separated by cellular tissue. I exposed the growth by a crucial incision, taking care to include a considerable portion of skin, for the reason that this structure in such a case is not simply stretched over the surface, but actually redundant. The dissection was easily accomplished, and the tumour removed from a saucer-like depression in the frontal bone. At one small spot there seemed to be complete perforation of the bone. The tumour consisted of a thin cyst-wall, containing sebaceous matter in various stages of softening and numbers of long fine hairs. You see from the appearance of the patient to-day that the wound healed with a scarcely perceptible scar. All such cases occurring on the surface of the body are readily removable by excision.

3. *Tissue hypertrophy.*—At almost any period of life there may be a tumour formation from a simple overgrowth of some texture or organ, as in the case of fatty tumours or of adenoma of the mamma; but in the fœtus, in which the process of growth is so exceedingly active, there would appear to be a peculiar tendency to such an accident on the part of certain tissues, in consequence of which we have the formation of certain tumours almost peculiar to this period. Occasionally there is met with a congenital hypertrophy of

FIG. 2.

the whole of the structures of a limb or other part of the body; but the tissue which is more especially prone to this excessive development is the ordinary connective tissue, with its contained fat. To a less extent the skin may be similarly affected, and in another class of cases the cutaneous and subcutaneous bloodvessels. In an individual case there may be hypertrophy of all of these tissues, but it is usually most pronounced in one or other, and different varieties of tumour due to this cause are accordingly recognised.

I show you here (Fig. 2) the photograph of a congenital tumour hanging from the back of the leg of a man aged thirty-two, who was a patient here some time ago. At birth, it would appear, it was quite small; but as he advanced in life the tumour steadily increased in size, until it measured five inches in length by three in width at the time he presented himself to have it removed. It was attached to the leg by a flattened pedicle about an inch in diameter, and evidently had no connexion with the deep structures. It was uniformly firm in consistence, but not so dense as a fibrous tumour. The skin which covered it was coarser in texture than that in the neighbourhood—a circumstance which may have been an original character of the growth, or which may have been occasioned by the repeated inflammatory attacks to which it was subject by the friction of his clothing. It was on account of this frequent accident that the patient at length determined to have it removed. This was accomplished easily enough. The tumour was found to be an outgrowth of the subcutaneous connective tissue, and on section it presented the appearance of coarse bands of fibrous tissue, with loculi containing fat. Such tumours or hypertrophies are not always so easily dealt with. They are not always pedunculated, but sometimes form ill-defined projections from the surface with wart-like hypertrophy of the skin. At other times the condition met with is an overgrowth of the whole of the skin and cellular tissue investing the distal portion of a limb, as the foot or hand, or one or more fingers or toes. In some cases the fatty, in others the fibrous, tissue predominates; and occasionally there are small cyst-like interspaces containing clear fluid.

This last condition leads us on to the next variety of tumour which I have to mention to you—viz., the congenital cystic tumour. In the previous case the occurrence of cysts is a rare event, and is to be regarded as merely accidental and of little importance. In the case of the tumour I am now speaking of, however, the cystic formation is the essential feature. Of all parts of the body, it is most frequently met with in the neck, and, although also occurring in other parts of the trunk, has never, according to Mr. T. Smith, been met with in the limbs. This tumour has its origin in the connective tissue under the deep fascia. It can usually be ascertained to be intimately connected with some portion of the deep fascia; but as it grows it forms a well-defined tumour separated from the surrounding structures by cellular tissue. It consists partly of solid and partly of cystic tissue, and there is every variety in the proportion of the two constituent parts. In the neck, it is sometimes met with as a single dense walled cyst containing thin straw-coloured fluid, which some people call a hygroma. Some time ago there was such a case under my care here, in a young man aged eighteen. The tumour was the size of a duck's egg, and was situated in the posterior triangle. I dissected it out and the case did well. It is better to treat them thus than to annoy your patient and yourself with setons, injections, and so forth.

FIG. 3.

In other cases the cysts are multiple, and for the most part intercommunicate. The case of L. L——, a girl aged six years, sent to me by Dr. Cran, and whom some of you saw, was a good example of such a case. There was a tumour lying in the right groin, extending from the anterior superior spinous process into the labium. It was evidently attached to the abdominal wall, though it had turned over and had obscured Poupart's ligament. There was not much doubt as to its nature, particularly when regard was had to the fact of its being a congenital tumour. At birth it was about a fourth of the size, and it was still growing when the patient came under observation. In the upper part of the thigh, quite separate from this tumour, there was a second swelling about the size of a hen's egg. It was soft, projected but little above the surface, and had no very distinct outline. The parents knew nothing of this second growth, and in the absence of any history I came to the conclusion that it was probably a self-cured nævus. (Fig. 3). I treated this case by making a single incision over its entire length and dissecting it out. Its

most intimate attachment was to the aponeurosis of the external oblique, more particularly to that part of it which forms the external pillar of the inguinal canal. To this it was so closely adherent as to appear to have grown from it. Elsewhere its connexions were loosely cellular. The second tumour was not interfered with, nor do I think that it will ever require interference, as it appears to have diminished somewhat in size since the time when the child was in the hospital. I show you the tumour, and, as you will perceive, it is composed of a number of intercommunicating cysts of various sizes, from a hen's egg to a pea, with dense fibrous septa; they contained amber-coloured fluid.

Here is another such tumour which I removed from the front of the neck of a child five months old. It is the size of a large orange, and was growing so rapidly as to be placing the child's life in imminent peril. It had pushed itself under the edges of both sterno-mastoids, and had very close attachments to the surrounding parts, so that its extirpation was difficult and tedious. Happily, however, this was at length accomplished, and its removal gave new life to the child, who soon became quite chubby. You see that the section of this tumour closely corresponds with that of the other, except that the cysts are smaller and more numerous, and that the septa are thicker and in places of gristly consistence. The usual explanation given of the formation of the cysts in this form of tumour is that they are due to an expansion of the normal lymph spaces in the cellular tissue. I cannot say that this explanation is very satisfactory to my own mind; I cannot, however, suggest a better; and if this be the correct pathological explanation, it certainly stamps these congenital growths with a peculiar individuality.

The last variety of congenital tumour to which I have to refer is that due to an overgrowth of vascular tissue.

FIG. 4.

This is the familiar nævus. We have not time, nor have I the wish, to enter at present at any length into this very extensive subject, either as regards its pathology or its treatment. You must, however, regard nævus as due to this same peculiarity of certain tissues, in the fœtal condition, to take on an abnormal development, to which I have been referring. Nævi occur with by far the greatest frequency in the skin, or in the subcutaneous cellular tissue. They are occasionally met with in bone and in glandular structures. In some examples the capillary system is probably that in which the affection has its origin, but coincident with this there also occurs an overgrowth of the efferent vessels. There is a multiplication and dilatation of both sets of vessels, while the basis tissue is reduced to very small dimensions. In other cases the capillaries are of normal size, while there is a varicose dilatation of the venules, which push aside the intervening tissue so as to produce a well-defined tumour of turgid vessels embedded in the surrounding parts. When the growth is excised it presents a shrunken trabecular structure. Sometimes this affection causes a mere florid colour of the skin, which may be but slightly elevated. At other times the subcutaneous tissue is also more or less involved, and in a third variety the affection is situated in the subcutaneous vessels exclusively, producing a more or less prominent subcutaneous tumour.

I will illustrate this variety of congenital tumour by referring to an important case which came under my care some time ago. This nævus was certainly one of the largest and most formidable which has ever been met with, as you may judge from the photograph which I pass round. (Fig. 4.) It was also of much interest from the successful issue of the very simple method of treatment which I adopted. As you see, the tumour involved the whole of the leg from the knee to the ankle for two-thirds of its circumference. The child was brought to me when only a fortnight old, and when the part was uncovered, its aspect was certainly alarming. The circumference of the affected leg was nearly three times that of the other. The surface was of a bright-red colour, and the skin was in some places so thin that it appeared as if rupture might take place at any moment. The tumour was growing with great rapidity. I feared that amputation of the limb was the only resource open to me; but observing how materially I could diminish the size of the growth by grasping it firmly in my hand, it occurred to me that something might be effected by means of continuous pressure. To this end I bandaged it carefully with elastic webbing, trusting that, by compressing the vascular network and at the same time inducing a certain amount of inflammatory effusion into its basis structure, permanent obliteration of the vessels might be produced. This treatment was entirely successful. I was anxious that I should not cause ulceration of the surface, and therefore reapplied the bandage, with but moderate tightness, daily for a few times; but on taking it off, even on the second day, the delicate cutaneous envelope gave way in numerous places, with the immediate result, of course, of an outburst of blood—a very serious matter in so young a child. The part was instantly grasped, however, and the bandage reapplied. After a few days I had the satisfaction of finding the growth becoming solidified and diminishing rapidly in size. In a fortnight's time, I may say, the nævus was non-existent. This photograph shows the appearance of the part some weeks later. (Fig. 5.) Of course this was an altogether exceptional

FIG. 5.

example of nævus. The treatment also was not such as you will very often be able to adopt. But it is a case you will do well to remember. Bear in mind, especially, when you enter upon practice, the exceeding usefulness of pressure as a therapeutic means, for it is in a great variety of circumstances of the greatest usefulness, while it is too apt to be forgotten altogether. I will spare you the recounting of other methods of treating nævus.

In addition to these various forms of tumour, peculiar to the fœtal stage of existence, you must bear in mind that almost any other variety of tumour such as we are accustomed to meet with in later life, may also occur congenitally. It is true that such tumours are rare in the fœtus, but there is no intrinsic reason why they may not be found in this association. With these, however, we have at present no concern.

G. A. PILKINGTON, M.R.C.S., L.S.A., Mayor of Southport, has been unanimously elected Liberal candidate for the Southport division by the Executive Committee of the Liberal Association.

ON THE

SPECIFIC ORIGIN OF GENERAL DISEASE.[1]

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I NEED offer no apology for the subject of the present paper. At the present day it is suggestive enough. At once a whole host of microbes, spores, and other horrid things rise up before us, for in this age there are germs, germs everywhere. They try to win our toleration, if not our sympathy, under the thin garb of a new name: bacilli possibly, little walking-sticks, they call themselves, with quite a wont-you-have-me kind of air. But I am not going to take up the matter lightly. It is a burning question, and one of the greatest interest, the relation between these organisms and disease; and apart from the practical results that may yet follow the subject is not without its attractions as a mere speculative inquiry. It has been left too much in the hands of the pathologists. Surgery has within well-defined limits studied the question, and with an advantage to suffering humanity that few, if any, will gainsay; but when from the wide domain of medicine individual diseases are brought in, and we are told that this and that germ is the only true *fons et origo mali* of each, we may with reason both wonder and doubt. I would still leave to the pathologists the task—a most agreeable one doubtless—of further germ discoveries, believing that there are other views of the question that should readily invite the attention of the medical practitioner. What I have proposed to myself is an abstract inquiry into the essential cause of individual diseases, and what I wish to present to you is the reasonableness of the opinion that many—we can never say how many—diseases are caused by distinct specific germs. Holding this view implies the existence of an opposing force. Now, without going into the old scholastic inquiry as to the nature of health and disease, I suppose it will be admitted that their relation is one of antagonism. Certainly we do act as if we were engaged in a conflict. We endeavour to strengthen the vital forces. We do this by such means as improved sanitary conditions, better food, tonic medicines, or change of air; by keeping up the supplies, so to speak. Again, we do the opposite to the opposing forces. We cut off their supplies by improved hygienic measures: pure air frequently, if possible continually, renewed; attention to cleanliness in all respects. That cuts off the supplies of the invaders. If universally carried out it would lead to the complete extinction of typhus fever, for example. We even go further, and take a lesson from actual warfare by laying waste the fields over which we believe the enemy will march. Do we not do this? do we not willingly submit to the lesser evil, in the expectation of avoiding the greater, when by vaccination we substitute cow-pox for the dangerous and disfiguring small-pox? Practically, then, we act as if we were face to face with foes. But I have often thought that it is on the most general grounds reasonable to suppose that the condition of health is constantly assailed by influences around us. I think we may very properly hold the view that every disease is but a response to an impression of some kind. This law of response seems to be universal in nature. Every act, circumstance, or condition has its response, physical, and, in the case of sentient beings, intellectual as well. It was while reflecting on the nature of fever and its relation to these organisms of contagion, the existence of which I am assuming, that my thoughts went first in this direction. It seemed to me that fever might be viewed as a form of resistance or defence (as a response to an evil necessarily is) against these pernicious influences around us—just as truly as that, in the world of feeling, the flushed countenance, the passion, and it may be the knock-down blow, are the response to the imputation of falsehood. So far as we can judge, this principle is universal, or, as Emerson says, "The law at the foundation of all things is retribution." It will thus be seen from what standpoint I wish to view the origin of disease in this paper. Jonathan Hutchinson, in his lectures on "The Pedigree of Disease," approaches the question from the other side. He dwells on temperament, idiosyncrasy, and diathesis as causes of disease. He does not of course exclude external influences, but holds, or at least inclines to, the opinion that intrinsic conditions rather than extrinsic influences are the determining causes of the endless variety of diseases. But there are two sides to every question, and it is the other I would venture to take and present on this occasion. I am on the side of the germs. My creed is: "The law at the foundation of all things is retribution."

In proceeding further to the consideration of the precise question before us—viz., a specific organism the cause of disease,—I am confronted with the proverbial difficulty of knowing where to draw the line. One has little difficulty with the common infectious fevers, yet many will raise doubts regarding the specific origin of erysipelas and diphtheria; and what shall we say of such diseases as pneumonia, still more of ordinary catarrh? That is where the doubts and the discussion come in. Let us begin with what is pretty well assured—the dependence of each of the common fevers on a specific organised germ. That they are caused by an organism, and not mere inorganic particles, is inferred from the general character of the fevers themselves. They have an incubation, a growth, a maturity, a power of reproduction, a struggle for existence doubtless, a decline and death—the attributes of all living beings. Then it is a matter of common remark that a particular fever reproduces itself and no other. The distinctive characters of each are always preserved. The typhus germ strikes suddenly and vigorously, living on the system as a whole and on no individual part; its death is sudden and on a fairly definite day, and then the sufferer is safe. How different is the germ of enteric fever! Unlike that of typhus, in its immature or larval condition, it is an amphibious creature, most likely taking to the air occasionally, but preferring water, or perhaps rather milk, when it can get it. I say larval state, because from analogy we may infer that it reaches the mature condition in the human body. Once there, it lives longer than the typhus germ, having had a distinctly longer incubation and slower adolescence than its altogether shorter-lived typhus brother. It has its peculiar well-defined local manifestation, and often exhibits that indication of a relapse which is perfected in some of the other fevers. In all these respects it is specifically distinguished from typhus fever. But however interesting the study of the distinctive characters of the common fevers may be, and I think nothing to the physician can be of greater interest, I need not here dwell upon them merely as a proof of what is generally accepted, even were it only accepted truisms I had to offer. I would only ask to be allowed to make an exception in favour of intermittent fever and erysipelas. The ague germ presents some interesting peculiarities. It is essentially an aquatic bird, for though a warm atmosphere invites it, it will not fly far from its home in the marsh. In its fondness for the water it resembles enteric fever, but, unlike the latter, it is in no sense cosmopolitan. But it would seem as if it had another distinctive peculiarity—viz., its size and weight. A belt of trees will catch the germs in its meshes and save the troops beyond, and they are substantial enough to be carried a considerable though still quite limited distance by the wind. Their greater weight may be inferred from the fact that a pretty high temperature is needed to raise their ponderous bodies from their bed, and in no case are they raised to any great height. They have a curious but perhaps not absolutely peculiar affinity for water, as a running stream between is known to be something of a protection to a body of troops on the further side. In all respects the germ presents the most marked contrast to such a one as that of epidemic influenza, which asserts its powers at long intervals, is often pandemic when it does appear, and would seem to be transmissible unimpaired for many miles at least, and solely through the air. Such are some of the best examples I can think of in evidence of specificity.

Now as to erysipelas. I select it as a distinct departure from a class of diseases whose specificity is pretty generally accepted. Perhaps regarding no disease has the question of specificity been more disputed than that of erysipelas, but I do not refer to it to enter upon an enumeration of its special characters, though the subject might be made as interesting as it is ample enough, but rather to call attention to the arguments usually adduced in favour of its non-specificity, because, so far from being conclusive, they rather disclose further the question under consideration. "The arguments in favour of its being a non-specific and local disease," says Bristowe, who summarises them con-

[1] Read before the Glasgow Medico-Chirurgical Society.

veniently for us, "are chiefly the following:—First, the fact that the disease appears in many cases to arise from exposure to cold and various other non-specific causes; second, that a previous attack so far from precluding subsequent attacks, as is generally the case with the infectious fevers, encourages them, as is the common rule with the non-specific inflammations; third, that contagiousness is not an attribute of the specific fevers only, for many varieties of simple inflammation (catarrh, ophthalmia, and the like) are apt to spread by contagion."[2] Now the first argument, while qualified by the word "appears," yet to that extent begs the question, for we hold that exposure to cold in the case of erysipelas, as in many other diseases, simply permits the common but still specific germ to gain for the time the mastery over our system. Dr. Francis Henderson is the only one, so far as I know, who boldly advocates that view on abstract grounds. In an able paper on the Rationale of Cold as a Cause of Disease,[3] he maintains the following proposition: "Cold is not of itself adequate to cause these various forms of disease; it is only one of two factors which in ordinary circumstances require to act conjointly. The catarrh, the inflammation, and the fever which are produced by exposure to cold have a real *materies morbi;* but this *materies* could not be the cause of disease if the vital powers of the part or of the system were not abstracted or lowered by the agency of cold." That is the view we have always held. Now, the germ of erysipelas seems to resemble that of ordinary catarrh in respect of its being a very common one, yet acting in its own special ways—amongst others, in taking effect on our system, as some suppose, only through an abraded surface, however minute. As to the second argument, the fact of a disease being taken possibly, or even readily, a second time, is little evidence of its non-specificity. Relapsing fever is a typically specific affection, and one attack is no protection against another. So with regard to intermittent fever; and Maclagan would instance acute rheumatism as another common exception. Then as to contagiousness not being an attribute of the specific fevers alone, we simply say it is an attribute of specific diseases alone, for it need not be a fever, and catarrh is one of the commonest illustrations of this. It may be thought I am hurrying past many difficulties, but these will come up again under the heading of objections.

But now we come to the difficulty of knowing where to draw the line. What can we say of such diseases as pneumonia, asthma, dysentery, or any other malady taken at random?—although these I have really selected, as we shall see immediately. It is with such diseases that the real difficulty begins in our present state of knowledge, and all that we can hope to do is possibly to suggest some points for further reflection. Well, I think we sometimes create a difficulty by forgetting that symptoms which present a general similarity may indicate very different diseases. We can imagine an ignorant person including an eczema, an erysipelas, and a slight burn under the term inflammation of the skin, or grouping together as one disease enteric fever, dysentery, and simple diarrhœa; and we can suppose a much less ignorant person considering a bronchial spasm due to bronchitis to be the same thing as pure idiopathic asthma; and so on. If it be not admitted that either bronchitis or bronchial spasm is due to a specific cause, and I do not say so myself, it will be allowed that the very same symptom, the asthma, may in some people be the result of a specific factor—e.g., the pollen of hay. Those who believe that there is such a thing as hay asthma will admit that it is a specific complaint. It seems to me, indeed, that the term asthma is as comprehensive and as vague as that of dropsy. And may it not be as vain to ask if pneumonia is a specific affection? May there not be really different diseases included under that term, some specific and others non-specific? Some think a fractured rib can cause a pneumonia. Can that possibly be the same disease as ordinary idiopathic pneumonia, or still more the exceptional epidemic forms? Just as one would expect, the report on pneumonia recently issued by the Investigation Committee of the British Medical Association shows that some kind of division of this term is necessary if we are to make anything of it at all. Without passing any opinion on the classification given by that committee, it seems clear enough from their report that, besides certain forms of pneumonia which are apparently set up by various non-specific influences, there are others of a strictly epidemic character, falling on a district and spreading thence so widely and so inexplicably as to imply a generally prevailing yet special cause. Examples, too, are given which appear to prove conclusively the infectious nature of certain forms. And so with regard to dysentery. Many cases presenting symptoms which lead us to diagnose that disease may no doubt be the result of non-specific causes; but I think few can doubt that the epidemic form handed down through ages with a constant history, and of such exceptional severity, must be the result of a fixed specific cause.

Further than this I shall not attempt to go. We have, indeed, touched but the border-land of disease as a whole in regard to specificity; but beyond we could only wander in vain imaginings. But, possibly, not the least interesting part of the question lies in the consideration of the objections that may be urged against even the position I have now taken. And this will form the second and shorter part of our subject. In the first place, it may be said that the infecting particles of even a specific fever are not organisms at all; it may be held that they are inorganic. I need not dwell upon this objection; for I find that Maclagan many years ago discussed this point very elaborately in his work on "The Germ Theory of Disease." After all, the one essential distinction is that a number of living germs merely sufficient for successful development is all that is needed to secure the maximum effect; whereas the effect of inorganic or lifeless particles is always commensurate with their numbers or amount. The power of infection, too, as distinguished from contagion, is, I should imagine, the prerogative of a living germ; but that may be disputed; the former cannot be, and its bearing on our subject is obvious. Inorganic particles cannot, properly speaking, have an incubation; they do not mature, nor can they reproduce, their kind.

To return to the question of specificity. Though we do not venture to affirm that this and that disease are of specific origin, it may occur to some of us that very many diseases are so. We find that not only is ordinary catarrh epidemic and infectious, but in particular seasons we have special varieties of it—say in the form chiefly of a myalgia. Now, one may ask himself if such special forms may not depend on a special form of the catarrhal germ? The supposition is fantastic enough, but I make it for that very reason. It forces us to ask if we are to suppose a germ for everything—for a kick on the shins, perhaps. Simply letting the last remark pass, I would say, first of all, that the specificity of practically an endless number of diseases is not to be considered unlikely on the ground of the limited resources of nature. The variety that nature presents in the visible world is endless, and everything tends to show that the same variety obtains in what is, to our unaided eye, the unseen world. No doubt one instinctively refuses to believe that there is a germ for diphtheria, and for erysipelas, and for pneumonia, and at first may think it simply ludicrous to imagine that common catarrh can depend on a specific germ. It is too quixotic to suppose we are fighting daily with germs and microbes—not indeed by the day, but at every turn we take and every breath we breathe. But I say we are not to consider the position untenable from any limit to variety in nature. Is it not practically infinite? The variety in the vegetable kingdom strikes the dullest, and the learned can divide and classify into groups innumerable the vast array of form and kind; but the work is never done. In moss, and heath, and fern, and such-like meaner things—for so we reckon them who know little of them—the earnest student finds a continual feast; and amongst the lichens, that almost look like a part of the rock from which they seem to draw their scanty store of life, there are curious secrets hidden, of which even a Leighton or a Stirton has never dreamed. Well, then, one may admit the possibility of a more substantive disease having a specific origin, but refuse to believe that such a vulgar thing as common cold can lay claim to any kind of descent. But is the contrast greater or nearly so great as many which we find in the visible world? Is the contrast between common catarrh and cerebro-spinal fever greater than between the grass that clothes our fields or the weeds that infest our path, and that rare fern that is only found in one shady glen, or the lichen that still lingers, the last of its race, on but one mountain side? It is not half so great. Catarrh is the common chickweed; cerebro-spinal fever the rarer plant that we only meet with

[2] Theory and Practice of Medicine, 5th ed., pp. 296, 297.
[3] Glasg. Med. Jour., Oct. 1881.

now and then. Common plants will grow anywhere—that is why they are common; but rarer plants are of special soils. Anyone will take a common cold, but special cultivation, so to speak, is needed to make anyone take an erysipelas, though in the few it will grow apace. This reference to special soils reminds us of the undoubted fact that some are much more prone to the contagious fevers than others. Occasionally we meet with a person who has had scarlet fever repeatedly, and this exceptional liability we sometimes find is not an individual peculiarity merely, but one that may affect a whole family. I am as firmly convinced, on the other hand, that other individuals and other families present a specially unfavourable nidus for the development of a particular germ. And here too the question of heredity might be discussed, were it not quite understood now that by that expression one only means, where an external morbific influence can be assumed at all, an inherited peculiarity of constitution that is specially favourable to a particular spore. And, lastly, I can suppose this objection still urged: In the natural world there are doubtless many rare plants and animals too, as well as those which are very common; but they all exist somewhere. They do not disappear and return every other year or half century perhaps, as some epidemic diseases do. Or, without looking for analogies at all, one may say, "I will not believe that a malady like true epidemic influenza, which we only see a few times in a century, arises under the same conditions as those diseases which are always with us; it is absurd to suppose that these varied diseases we have been considering originate under one common law." Well, I am not going to prove that the germ of true epidemic influenza or of relapsing fever is always about us, but in an immature state. I do not think we shall get much further in that direction than did Sydenham, when by "epidemic constitution" he meant or supposed a peculiar atmospheric state by which such exacerbations of disease were brought about. But I think we have analogous excesses in the visible world. Those of us who have lived in the country have observed how special years have been marked by special flowering seasons; when the apple-blossom decked every garden, or the primrose covered every grove and meadow. One year the poör man gets his potato cheaper; another will make the rich man pay willingly for the finer wine. In the animal world we have special years of migratory visitants which defy the naturalist to explain. One may see in all this the law of variation which is universal in nature, but we cannot explain the phenomena themselves. I do not think such reflections are idle. They have made me cease to wonder at such an occurrence as a sporadic case of enteric fever. I am no believer in its spontaneous origin. Its germs are likely ever present, but either themselves immature or waiting for a convenient pabulum. And once a centre formed, the extension is a matter of no difficulty. But I must not be tempted to go beyond our present subject. The origin of disease has many sides, and I have only presented one in this paper. It has long been a hobby of mine, and took its origin certainly quite apart from the germ discoveries in medical disease of the last year or two. Of these bodies which the pathologist shows us I know nothing. One may be a whole cityful of germs, or no germ at all. Other views of the question seem to me to have been too much neglected, and one of these I have done my best to offer in the foregoing remarks.

FURTHER OBSERVATIONS ON THE CURE OF WRITER'S CRAMP.

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THERE are two phases in the early history of every scientific discovery or new application of practical methods. Its truth or value is at first denied; then, jealousy springing up, the originality of the discovery or invention is placed to the credit of others. When a principle only is involved, the claim is sometimes made for the dead; at other times, however, especially when practical issues are bound up with the question, the attempt is made for the benefit of the living. I had the opportunity a short time ago[1] of describing the remarkable results obtained by Mr. Wolff, of 19, Upper Berkeley-street, London, in the treatment of writer's cramp by a combined application of massage, gymnastics, and caligraphic exercises. The same occurrence which had signalised his first appearance in Germany some years ago saluted his introduction to the profession in this country. It was asserted that his method contained nothing new, that massage was known to the Greeks, and that Swedish gymnastics are as old as the century. Now I did not claim for Mr. Wolff anything but that he alone, among those who devoted themselves to the treatment of writer's cramp, had been generally, nay, almost regularly, successful in his endeavours. I have in vain looked through literature for similar results; and I am glad to find that in the last works which the medical press has given us on mechanico-therapeutics[2] the authors refer to the subject in terms which fully confirm these conclusions. In order to illustrate the value of Mr. Wolff's method I publish two cases, which will speak for themselves. No commentary is needed in presence of facts so clear and so telling.

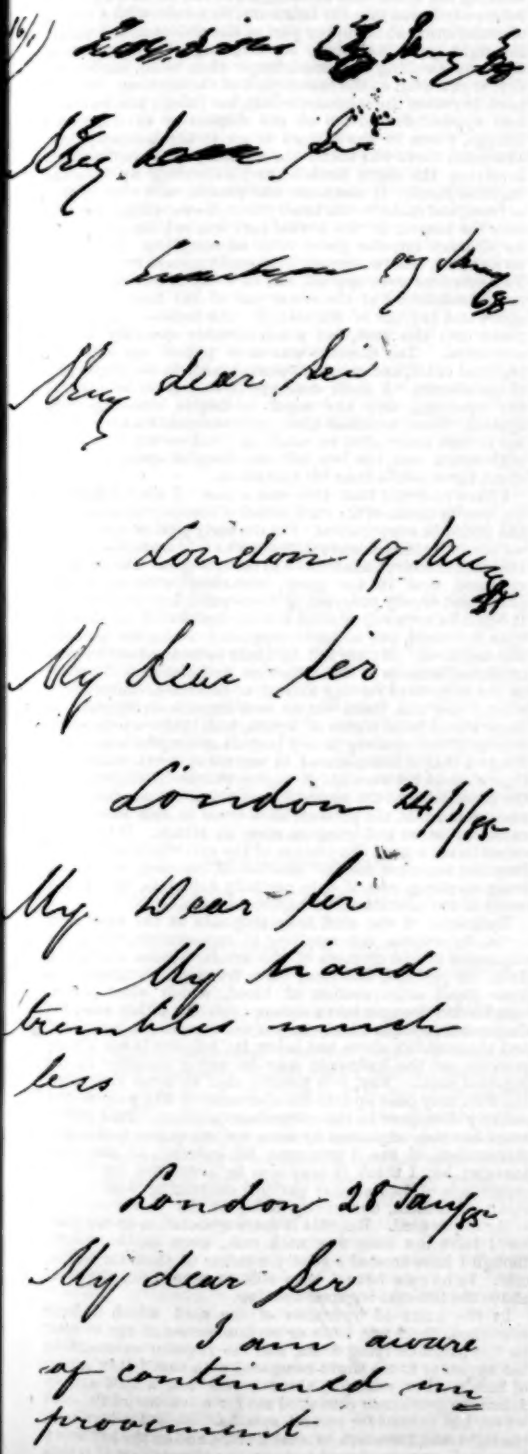
CASE 1.—Mr. G. H——, a merchant of Liverpool, with no noteworthy family history or personal antecedents, noticed seventeen years ago a weakness in the thumb, index and middle fingers, and a tendency of the arm to turn inwards, when he was writing. These symptoms steadily grew worse up to 1874, when pains began to be experienced, extending from the wrist to the elbow along the ulnar side of the arm. He persisted in his attempts to write, however, and these brought on spasmodic movements and pains in the upper arm, whilst, strange to say, the motor and sensory troubles in the arm and wrist rather showed a tendency to mitigation, being then replaced by tremors. For the last four years the use of the pen has been practically impossible, and the patient exclusively used the type-writer for his correspondence. The use of this instrument rather increased the tremors when attempts were made to write, whilst it developed sensations of pain in the fingers. I first saw Mr. G. H—— in 1883, and again on the 16th of January, 1885, when he came to London at my instance, to place himself in the hands of Mr. Wolff. Several specimens of his handwriting were taken. (See facsimiles.) It took him seven minutes to trace four or five very short lines of very shaky characters. The facsimile bearing the date Jan. 16th was taken just before the first manipulation; the others will tell their own tale. The improvement was steady, and on the 30th of the same month (January) he left London to return to his business in Liverpool. He was then able to write without difficulty for several hours a day. I need hardly say that the ordinary resources of therapeutics, including a rest of several months on board ship, had been in vain resorted to before recourse had been had to Mr. Wolff's method. In fact, so despondent was the patient as to the possibility of a cure, that I had no small difficulty in persuading him to make another attempt to obtain relief from his apparently hopeless malady.

CASE 2.—Mrs. C. K—— came to Mr. Wolff for treatment The case being a well marked one, I obtained permission to watch it for my own instruction. The patient's power to write was tested at intervals of three or four days, from January 14th to February 18th, 1885, on which latter date she considered herself as cured. (See series of facsimiles.) I append a few notes concerning this patient. Her age was forty-three, and the first symptoms of her complaint date from 1871. She then experienced a mere feeling of fatigue and discomfort in the arm on writing. Till 1875 no change was noticed except an increasing powerlessness; though she tried to write a little, this became so accentuated that she had to give up almost every attempt. She rested for some years, during which the feelings, which had in the meanwhile assumed the character of pain, persisted, and even extended upwards to the shoulder. Tremors in both arms made their appearance, occurring first on performing other actions than writing (combing the hair, &c.), and finally persisting for the whole day. No treatment seemed to give her any relief. When I saw her the act of writing was almost impossible; it took her five minutes of effort and pain to trace eight or ten very shaky letters. As the treatment proceeded the symptoms gradually subsided. On the 6th the persistent feeling of pain in the arm had disappeared. She could then write for a few minutes. The motor symptoms gave way also, as is well shown by the series of facsimiles. The specimen taken on the 9th February coincided

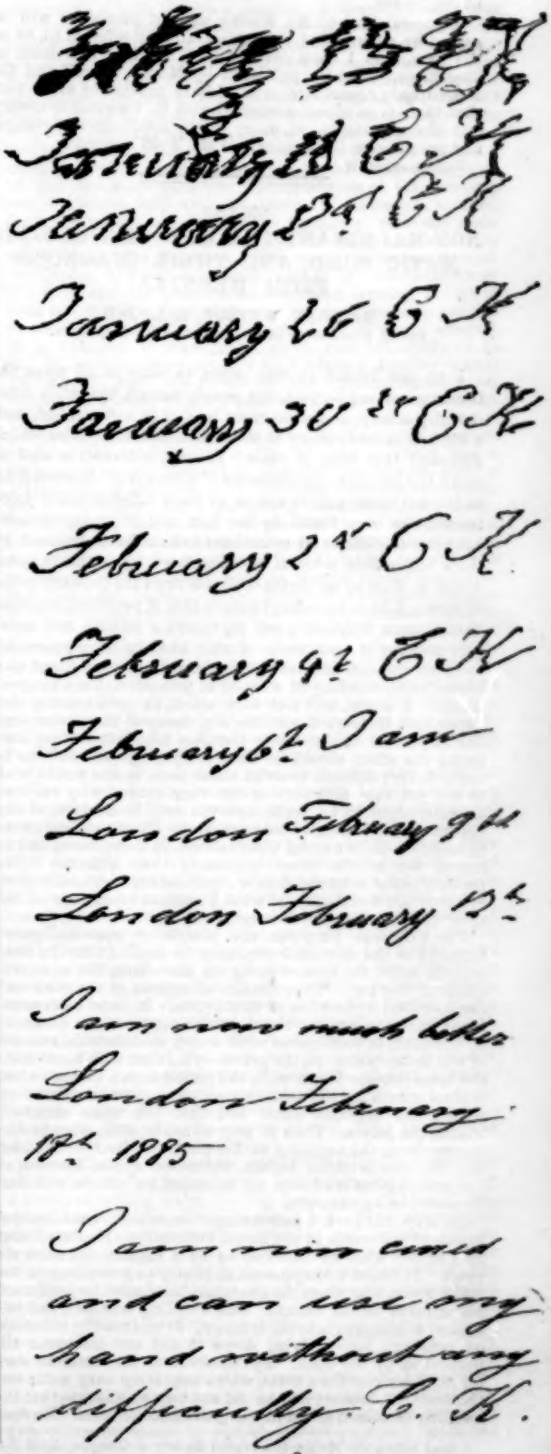
[1] British Medical Journal, Feb. 14th, 1885.

[2] Reibmayr: Die Massage, and Die Technik der Massage (Vienna, 1884). Graham: On Massage (New York, 1884).

FACSIMILES OF WRITING, CASE 1.



FACSIMILES OF WRITING, CASE 2.



with a menstrual period, and shows an accidental increase of the tremor.

A general idea of Mr. Wolff's plan of procedure will be gained by a perusal of the article already referred to, or of the paragraph I have devoted to it in the "Year-book of Treatment," recently published by Messrs. Cassell and Co. I need only repeat here what I have previously said—viz., that there is no secret connected with it. Personal dexterity and the experience of many years' assiduous observation and practice are the elements of Mr. Wolff's success.

Welbeck-street, W.

ON THE

NON-MALIGNANT TUMOURS OF THE SPERMATIC CORD, AND THEIR DIAGNOSIS FROM HERNIA.[1]

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I DO not intend, in this paper, to enter at all upon the literature of my subject, but merely remark that it is wonderfully scanty, and what there is of it is not quite of such a kind as to solve many of the doubts and difficulties which surround this class of cases. It may, however, be well to recall the fact that the diagnosis of tumours of the cord, both as to their exact nature and as to their differentiation from hernia, has been found by the best and most experienced surgeons so difficult as sometimes to have been declared by them impossible without cutting down upon the tumour, which is often by no means desirable from the patient's point of view. I have therefore thought that if practical surgeons would more frequently put on record a minute and accurate account of such cases of this kind as were presented to them, the sum total of their observations would lead to a better understanding of what is at present rather a surgical puzzle. I know, and feel very much, in commencing this paper, that the very doubtfulness of many of these cases, and the imperfect or unreliable histories which operating surgeons too often obtain of their early progress, combine to make it very difficult to write about them as one would wish to do; yet that difficulty is the very reason why such an attempt ought to be made, and the very foundation of the appeal which I should like to make to all clinical surgeons to institute more careful observations in these cases, and to record the results more frequently than hitherto. The present paper is intended as a contribution in this direction towards the elucidation of what I venture to call one of the most difficult chapters in surgery.

For practical purposes the simple or non-malignant tumours of the spermatic cord may be divided into the fluid and the solid, the former being, on the whole, the more frequent of the two. They consist of œdema of the cord and the so-called hydroceles of that organ. It must be remembered that the areolar tissue, which supports the elements of the cord, is continuous with a very considerable amount of the same tissue in the pelvis—viz., that which connects the transversalis fascia with the peritoneum; so that when œdema occurs in the cord, it may pass up or be pressed up within the inguinal canal and into the same structure within the pelvis. Thus it may be made altogether to disappear from the swelling in the cord, and lead to the idea that the case is one of hernia, unless the special features of the pathological condition are attended to. These will best be shown in an example.

On May 3rd, 1884, a patient, aged seventeen, was admitted to one of my wards in the Royal Infirmary. He stated that he had had what he believed to be a rupture for some six years. It had at first appeared suddenly as a swelling in the right groin, and when he consulted his doctor he confirmed his opinion of its nature. The swelling was soft, and extended a little way into the scrotum. It was readily reducible on pressure, but on lying down it did not disappear till pressed on by the hand. By the advice of his doctor he wore for eighteen months a truss, which kept it up very well; but the truss got broken, and he did not buy another, so that the swelling remained down in the groin and scrotum. He does not seem to have attempted to reduce it after he gave up wearing the truss. One morning, however, about a fortnight before admission into the infirmary, he awoke with a feeling of constriction at the upper part of the abdomen, and pain in the right groin, especially on coughing. He then noticed that the swelling was much larger than usual, harder, and that it extended to the lowest part of the scrotum. He then tried to reduce the supposed hernia, but failed; and he therefore applied for advice at the dispensary of Anderson's College, where he was advised to go to the infirmary. On admission there was found the swelling as above described, involving the right testicle, and extending up into the inguinal canal. It was tense and elastic, with a softer part in front, and rather to the inner side of the swelling. The skin over the tumour at the lowest part was red, and there was no distinct impulse given to it on coughing. There was no sickness, and the bowels were easily opened by castor oil. Fomentations were applied, and in a day or two fluctuation could be detected at the lower part of the tumour, a little above and in front of the testicle. An incision was at once made into this part, and a considerable quantity of pus evacuated. The director was then passed up into the inguinal canal, and another opening made in the upper part of the abscess. A small drainage-tube was pulled through the openings, and the usual antiseptic dressings were applied. Some purulent discharge continued for a few days, but it soon diminished so much as to allow the tube to be withdrawn, and the boy left the hospital quite cured in about three weeks from his admission.

I have no doubt that this was a case of slow œdema of the areolar tissue of the cord, which ultimately became acute and ended in suppuration. For the early part of the history we have only the patient's statement to rely upon, but it may, I think, be received as accurate so far as it goes. The swelling appeared first in the groin, occurring without known cause, and slowly progressing downwards into the scrotum. It could be reduced, or at all events diminished, by pressure with the hand, but always reappeared when the pressure was taken off. We are left in doubt as to the completeness or incompleteness of this reduction, and also as to the effect on the tumour of forcing a cough at this time. Afterwards, when I saw him, there was no such impulse on coughing as there would be in a case of hernia, and there was no diminution of the swelling in any posture or by gentle pressure. I regret that it is not stated in my notes what interval of time elapsed between his giving up the use of the truss and the occurrence of the acute inflammation, but one can easily understand that the pressure of a truss in this case might cause irritation and bring on such an attack. It therefore seems to me a good illustration of the evil which may follow from the too often routine practice of ordering a truss for every swelling, even if only partially reducible, which may occur in the position of an inguinal hernia.

Hydrocele of the cord may originate in the same way—viz., by œdema, not resulting in suppuration, but in the expansion of one or more of the areolar spaces containing fluid. It perhaps, however, more frequently originates in some small extravasation of blood, which after partial coagulation changes into a serous cyst. In either case, the diagnosis is comparatively easy if the tumour can be isolated and the cord felt above and below it; but this is not always possible, as the hydrocele may be partly included in the inguinal canal. Nay, it is possible that in some rare cases the fluid may pass up into the abdomen of the patient and entirely disappear in the recumbent position. This occurrence has been explained by some writers as due to the non-obliteration of the "processus funicularis" of the peritoneum; but I think it may also be accounted for by the occurrence of two areolar cavities containing fluid as the result of œdema, one cavity being in the pelvis and the other in the cord. But this is mere speculation on my part, for I have not seen any such case, even in the infant, though I have treated a goodly number of them for hydrocele. In no case have I been able to press back the fluid above the internal inguinal opening.

In the cases of hydrocele of the cord which I have examined, there was little or no diminution of the tumour on the patient's lying down, and the impulse on coughing has appeared to me slight compared with that felt in a case of hernia. For example, about a year and a half ago an American gentleman consulted me for a tumour of the cord which had existed for several months. He had a hernia on the right side, for which he wore a truss, and on the left side a long oval- or pear-shaped tumour, the narrow part of which

[1] Read before the Medico-Chirurgical Society of Glasgow, April 3rd, 1885.

was included in the inguinal canal and the larger part extended downwards towards the scrotum. The cord could be felt below but not above it. The impulse on coughing was slight, and it did not disappear, though it diminished and softened in the recumbent position. It was translucent and free from pain. His general health was quite good, but the swelling had been slowly increasing for several weeks. The nature of the tumour had been rightly diagnosed some time previously by a surgeon in London, who had drawn off the fluid, and therefore it was the more readily punctured by me with an aspirating needle, when some ounces of clear serous fluid were withdrawn. The cord was then felt clearly, and there was no evidence of hernial protrusion.

But sometimes the matter is not quite so easily cleared up—as, for instance, in the case of a man who was brought to the Royal Infirmary from the country with all the symptoms of strangulated inguinal hernia. He had worn a truss for years when these symptoms arose, and on admission I found a much larger tumour than in the previous case, involving great part of the cord, but still not extending into the scrotum. There was at that time no impulse on coughing, and the tumour was pear-shaped, the neck of it being in the inguinal canal. It was quite smooth and too tense to be distinctly fluctuant, yet it gave to the fingers the feeling of fluid more than of solid contents, but it was not translucent. Nevertheless, I believed it was not a hernia, but a hydrocele of the cord, and I said so to the students and others around me at the time. I also gave it, however, as my opinion that in all the circumstances of the case the best practice was to cut down on it and incise it, which I thereupon did. There was no hernia, but a considerable quantity of reddish serum. The wound healed readily, and the man left the hospital radically cured of the hydrocele and relieved from the fear of hernia, of which he had no trace. Of course the constipation and sickness had easily yielded to proper treatment of a very simple kind.

I have little doubt that this last case was an example of the origin of hydrocele of the cord in a blood-cyst from the patient being a working man and in the prime of life, and also from the serum being still coloured with hæmatin when evacuated. The other case, being that of a gentleman in easy circumstances and of pretty advanced age, was, I think, an example of the origin of this affection in œdema of the cord, or possibly in a partially unobliterated funis. Of course, as I told him, if the fluid was found to reaccumulate rapidly and to be a trouble to him, he might require to have it injected with tincture of iodine and radically cured; but this could not be thought of while he was merely travelling, as he then was, in this country.

(To be concluded.)

A CONSTANT ANTISEPTIC VAPOUR DRESSING.

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SINCE Schultz first proposed the employment of the oil of eucalyptus in surgery numerous cases showing its value as an antiseptic have been published (e.g., by Siegen, in *Deutsche Medicinische Wochenschrift*, 1880, No. 30, and 1881, No. 14; and by Busch, in *Berliner Klinische Wochenschrift*, 1880, No. 39). For an antiseptic spray, the oil can be utilised by either filling the spray bottle with the pure undiluted oil or by employing a solution in rectified spirit (1 in 8). The first method, however, produces a spray which is so powerful as to make it almost intolerable for some nurses. Inhalation of the strongly irritating eucalyptus steam, when it is at all prolongod, is not very pleasant. It often occurs that one desires the constant action of a volatile antiseptic on a wound which is already, to a greater or less extent, septic. Syringing in such a case would do harm by breaking up union which has already taken place in part, and even were it possible to syringe out a wound with corrosive sublimate or some other antiseptic solution, without at the same time causing any disturbance to the healing process, the solution would not perhaps penetrate to all corners and sinuosities where an antiseptic vapour, constantly applied to the wound, would find its way. In cases of this nature, which I may best illustrate by the subjoined notes of one or two recently under treatment in the Bury Dispensary Hospital, the great value of antiseptic agents which volatilise at the temperature of the body is seen. A dressing which throws a constant antiseptic steam into the wound can be prepared. Plain ordinary gauze, unimpregnated with any other antiseptic material, can be kept (till required for use) soaking in pure eucalyptus oil. Before being put on the wound which is to be dressed, strips of this eucalyptus gauze are squeezed as dry as possible and then steeped in eucalyptus and olive oil (1 in 5). Thus prepared, the strips of gauze are put on the wound, and immediately over them are applied some folds of ordinary absorbent cotton-wool, which have been freshly wrung out of the pure eucalyptus oil. The thickness of this dressing can be made to vary with the amount of discharge expected from the wound, and, if thought necessary, some dry antiseptic absorbent dressing material can be put outside this moist eucalyptus dressing. The wool, impregnated with eucalyptus, however, very soon dries at the temperature of the body, and its power as an absorbing dressing is higher than one would at first suppose. The deep dressing may be as above described, or may consist of gauze strips steeped in a solution of eucalyptus oil in rectified spirit (1 in 8). In twenty cases treated in Professor Busch's wards (Bonn), the pure undiluted oil was applied directly on wounded surfaces without causing the least pain, even in children.

CASE 1.—P. H——, aged four, was admitted into hospital on Nov. 12th, with injury to the left hand. There was a large open wound parallel to the fifth metacarpal bone, a wound also on the dorsum of the hand between the thumb and index finger, and a compound fracture of two metacarpal bones. After the wounds had been stitched and syringed out with corrosive sublimate, a sublimated dressing was applied. In the evening of Nov. 15th this dressing was saturated with discharge, and the wound, when examined, was found not to be aseptic. Frequently repeated changes of dressing and syringing with corrosive sublimate failed to make it sweet. On Jan. 3rd there was still a good deal of discharge, which smelt very offensively. The eucalyptus dressing, as above described, was applied and left *in situ* for a fortnight. On Jan. 17th the eucalyptus dressing was removed. The odour of the eucalyptus was still distinctly perceptible in the absorbent cotton, which was of a yellow colour and quite dry. The wound was found to be nearly healed up, and there was no bad smell.

CASE 2.—E. O——, male, aged forty-two, was admitted on Dec. 15th, having received an injury to his foot by a heavy weight falling on the dorsum. The first metatarsal bone was fractured (compound), and the metatarso-phalangeal joint was open. The open joint and the entire wound were well syringed out with corrosive sublimate solution. The edges of the wound were brought together by antiseptic stitches, and a dressing of absorbent cotton, steeped in pure eucalyptus oil, was applied. All this was done under a eucalyptus spray obtained from pure eucalyptus oil in the spray bottle. The dressing was left on for twenty-two days. During all this period the odour of the eucalyptus was distinctly perceptible at the patient's bedside. There was no elevation of temperature above the normal at any time. On the twenty-third day the dressing was removed. A small amount of blood and discharge was contained in the deeper layers of the wool, but there was no wounded surface, not even a single granulation left. A firm, healthy pinkish-coloured cicatrix, outside which the ends of the catgut sutures were lying loose, existed where the wound had been. The joint was somewhat stiff. The patient was soon afterwards discharged cured.

CASES 3 and 4 were severe scalds. The one case was that of an adult male who had both feet extensively injured by a kettle of boiling water having been upset on them. The other was that of a girl eight years old. This patient had met with a similar accident, which had caused serious scalds of both arms and of the face. Both cases were septic when admitted, and in both a single application of the eucalyptus dressing at once corrected the disgusting fetor. The dressings were left on for five days. At the end of that period healthy granulating surfaces were exposed when the dressing was removed, and the wool still smelt strongly of eucalyptus. The cases then progressed fast towards recovery, and the remarkable power possessed by a eucalyptus dressing of promoting the rapid formation of healthy granulations, and at the same time causing processes of firm cicatrical tissue to spread inwards quickly from the

margin of the wounded surface, was beautifully demonstrated in the course of both of them.

CASE 5.—On Jan. 9th I performed excision of the hip for disease of that joint in a boy aged four. Sero-sublimate gauze dressing was applied, but had to be removed on Jan. 16th, for the discharge had soaked through the dressing, and two long sinuses, which communicated with the wound, were found discharging a septic pus, although at the time of the operation they had been scraped and syringed out with corrosive sublimate solution (1 in 1000) and then plugged with sero-sublimate gauze. The patient's temperature also had risen on the night of the 15th. On Jan. 16th, with eucalyptus spray playing on the wound, after the strips of gauze had been removed and the sinuses well syringed out with corrosive sublimate solution, the eucalyptus dressing as above described was applied. Next day the patient's temperature was normal, and for more than a week afterwards the odour of the eucalpytus was strongly marked all round the bed, the patient's temperature remaining normal.

Bury.

WHEAT-MEAL BREAD; ITS ALIMENTARY VALUE COMPARED WITH THAT OF WHITE FLOUR BREAD.

BY DR. CAMPBELL MORFIT, F.I.C., F.C.S.

THERE is such a diversity of chemical opinion as respects the nourishing potentiality of wheat-meal breads, that a satisfactory solution of the question by chemical analysis alone would seem to be difficult, for the present at least. But if we leave the chemists disputing among themselves, and pass from the domain of speculative philosophy on to the safer ground of practical science, mystification is seen to clear away at once, and there is revealed to us by the logic of facts the true state of the case, which I will now endeavour to explain.

Whole wheat-meal bread was the kind upon which the Roman army fed in the time of Julius Cæsar; and in the earlier part of this century Dr. Sylvester Graham, of New England, recommended its use in the United States, where it is now known as Graham bread, and is highly appreciated by bread consumers generally. But until I made the process for the granular form of wheat meal and gave it to the London Bread Reform League, whole meal was coarsely ground and contained its bran as dense flattened scales with sharp points and rough edges, which rendered it irritable to digestive organs the least sensitive. My improvement, which removed these defects entirely, secured for the granular meal a widespread popular favour that has not become universal only because the millers and bakers, failing to understand the philosophy of its manufacture, allow both it and its bread to degenerate into irregularities. Granular wheat meal, unlike the ordinary whole meal, not only makes more toothsome breads, but ensures the maximum degree of assimilation, because it is without that mechanically stimulating effect which hurries the whole meal through the alimentary duct before it has had time to yield all its nourishing matter to absorption. Whatever small portion may be excreted has yet acted an essential part in the process of digestion at least, though we may not be able to define it at present.

There are chemists who encourage a wasteful mode of milling by repudiating the long-accepted doctrine as respects the physiological relations of the nitrogenous compounds of wheat. Their scientific contention not only splits the nitrogenous matter of food substances into divers phases with differential properties, but apportions to each a differential estimate of its nourishing capabilities. One of their tenets in this connexion is that, however much nitrogenous matter may be present, only that portion of it distinguished by them as albuminoid, and which exists as protein (the basis of albumen, casein, fibrin, and the like), is potential for the nourishment of mankind. Indeed, some go so far as to suggest that even a part of the albuminoid nitrogen is of doubtful efficiency in that respect; and dividing the nitrogenous matter into two phases, one coagulable by acids and the other not, they throw out the latter as unavailable food matter. Its proportion may and does vary so widely in the same kind of food as to amount to as little as 5 per cent. in some samples of wheat, and rises to 34 per cent. in others; but these great discrepancies do not affect their judgment in the least. By this social arrangement in chemistry they ostracise nuclein, plastin, and their congeners, as dietetic pariahs; and in the case of wheat, they would relegate to the cattle food bin all of the branny portion which, though representing about a fifth of the total nitrogen of the grain, contains most of it in other phases than the albuminoid—notwithstanding, too, that it carries with it most of the fat and phosphates, and the whole of the cerealine, the digestive ferment natural to the grain.

But while convinced by recent experiences that every part of the wheat grain is food for mankind, I know also that a portion of the branny integument, amounting to 6 per cent. of the whole grain, detracts from the toothsomeness of the baked loaf. Practically, therefore, this tough husky modicum is objectionable in a bread sense, and decortication does not remove it, nor can it be separated from the meal when the wheat grain has been ground in a steel mill. My old process conceded to the Bread Reform League, consequently, must be discarded, because it involves both decortication and the use of steel mills. I now not only make the elimination of the tough bran an incident of the grinding operation, and save any outlay for the purpose, but simultaneously render the tender portion yet more loose and soft in texture, and consequently am able to produce at the minimum of waste and cost, firstly, a standard granular meal of refined character, representing from 93 to 94 per cent. of the cleaned grain, and always uniform in quality and features; and, secondly, a pearl-white meal representing all the farina of the grain with some cerealine, or about 83 per cent. of the whole, and affording a superior material for a white loaf to excel the "household" bread of the bakers. The perfection of these meals facilitated my subsequent improvements in bread-making, and the two combined not only accomplish a saving of 10 to 15 per cent. in the milling operations, but will supply standard meals and breads at less cost than usual.

As yet the public have not had the opportunity for testing the great advantages of genuine wheat-meal breads, because bakers in this country are unable or unwilling to make them properly, and millers do not supply suitable meals. Wheat-meal bread as it should be is attractive in appearance, and very unlike the poor stuff sold as such in the London shops. Whether made by fermentation or without, its basis is granular meal free from any of the usual admixtures or substitutes of white dough or dusted bran and white flour. Its crust is tender and smoothly granular, instead of being rough and hard, and, in the case of fermentation breads, deliciously crisp. The crumb, vesiculated, light, and elastic, is never sodden or too close, becomes stale slowly, has a rich mealy taste, and when chewed excites the salivary secretion. The bran particles are invisible to the eye, even through a magnifying-glass, and, save that they impart an agreeable taste, scarcely betray their presence to the tongue. The outward features and inherent qualities of the breads of my system are characteristic and uniformly the same. Not only are they appetising, but, weight for weight, much more nourishing than white flour breads.

In realising this standard excellence for meals and breads I employ only the usual means, but manage them in unusual ways so as to produce new and important effects. Success is obtained in my system of procedure, not by adopting the dogmas of those chemists whose culte is the aristocratic albuminoids, but by practising a rational philosophy of conflict with them. I act upon my belief that each food substance carries, naturally, an adjuvant of digestive ferments peculiar to itself, as wheat bears cerealine, and which, when loosened from its bonds by compatible means, receives the impulse to co-operate in preparing its associate constituents for digestibility in the human stomach. The observance of this principle has enabled me to convert even milk into a cheese of characteristic toothsomeness and digestibility, chiefly because the latter reclaims and embodies the wealth of essentials now run to waste in the whey. Even my pearl meal, therefore, is made to retain as much as possible of the cerealine matter of the wheat; and when either it or the granular meal is mixed into dough, water is made to set free the digestive ferment for action. This done, the dough, without being touched with the hands, is partitioned in a manner to protect it against injurious influences or changes during fermentation in any weather, and to ensure its perfect

cooking in the oven without risk of spoiling a loaf by scorching or otherwise. The water is confined within the loaf until it has co-operated with the cerealine in developing the digestibility of the dough, and in promoting the baking or rather cooking of it into perfect bread; so that the portion necessary for its constitution remains in the loaf as a fixture, the excess passing off only when it has done its part in the cooking.

The crumb and crust of the breads made by my system contradict impressively the arguments against whole wheat meal. But chemical analysis obtains so little interpreting assistance from physiological research in the premises, that it occurred to me to seek a fuller understanding of the subject in a way quite different from any hitherto conceived. That is, having satisfied myself, by oft-repeated practical experiments, that standard breads in every respect can be made with wheat meals, I contrived a method which, though not strictly classical, is one of practical science, for determining what modifications their material undergoes during conversion into bread to render them characteristically superior to any others of the kind. Four different typical wheats (two white and two red) having been selected and first made into three meals—viz., one crude, representing the entire grain; another, the standard granular of my system; and a third, the pearl meal or *farina consols*, also of my system, both of which have been already described,—these meals were then converted severally, and according to my system, into non-ferment and fermentation breads. Scrupulous exactitude was observed as to all the weighings, dryings, and other manipulations, in order to make the results as trustworthy as possible. The first step was to ascertain the exact proportion of total branny matter in the several meals; and for this purpose a given weight of each was carefully but thoroughly brushed upon a very fine wire cloth until all its farinaceous portion had passed through. That which remained on the sieve, being direct from the meal, was designated *proximate bran*, and it varied in proportion, according to the kind of wheat, from 16·80 to 19·30 per cent. of the crude meal, and 10·58 to 13·24 per cent. of the standard meal, or a mean of 18·23 per cent. for the former and 12·19 per cent for the latter. Therefore, wheats generally may be said to consist of 81·72 farina and 18·28 branny matter per cent. The proximate brans of the different samples of crude and standard meals were next enclosed, separately, in very fine, white cotton cloths, and kneaded under relays of cool water until the latter ceased to become the least cloudy, and by this treatment they were reduced in weight rather more than one-half. The residue left I distinguish by the name of *absolute bran*, because it has parted with all its matter separable by the means employed. It will thus be seen that cool water alone has taken out of the proximate bran and into solution or intimate suspension upwards of 50 per cent. of its original substance. And what is no less remarkable, the ratio of absolute bran to the meal is a uniform fixed quantity for all the wheats indifferently, being 9·65 per cent. from the crude and 5·80 per cent. from the standard meal, notwithstanding that the proximate brans, whence they were derived, are variable in their quantitative relations to the meals. Therefore the total of actual bran in any wheat does not exceed 10 per cent.

Not yet satisfied that this absolute bran was exhausted, I next proceeded to ascertain if the proximate bran would yield more of its substance to artificial digestion than it does to water; and therefore it was subjected, under proper conditions, to the action of diastase, pancreatin, and pepsin consecutively. The result proved that the 9·65 per cent. of absolute bran from the crude meals had become reduced to 7·87, or 18·44 per cent.; and in like manner the 5·80 per cent. of absolute bran of the standard meals lost 21·38 per cent., having been lowered to 4·56—except for one of the red wheats, which gave rather less difference for both meals, and seemed to be erratic. As this residue could not be resolved further by any controllable means, it takes, logically, the title of *ultimate bran;* and it would represent the final state and proportion of the bran if the process of artificial digestion left it free from variable quantities of associate matter. But digestion outside of the human stomach does not correspond with that inside, however skilfully it may be imitated, for there is some force at work in the one case which cannot be commanded in the other; and probably, therefore, yet more of the bran is assimilable under more natural conditions. At the worst, the standard granular meal of my system has only 4·56 per cent of undigestible matter. Very interesting, too, in this connexion is the fact that this absolute bran not only loses density in becoming ultimate bran, but also drops as respects its mineral matter from 5·36 to 0·33 per cent. for the crude meal, and from 4·33 to 0·43 per cent. of the standard meal; or, in other words, the 2·42 and 2·36 of phosphoric acid which they represent fall nearly to zero, being drawn out by the process of digestion. Moreover, the total nitrogen, 2·17 per cent. (containing albuminoid nitrogen, 1·80), of the crude meal brans becomes 0·82 (containing albuminoid nitrogen, 0·78); and under corresponding circumstances the total nitrogen, 1·92 per cent. (containing albuminoid nitrogen, 1·86), of the standard meal brans falls to 0·80 per cent. (containing 0·80 albuminoid). Thus, although artificial digestion draws out the whole of the phosphates or mineral matter, and 60 to 70 per cent. of the nitrogenous matter, that portion of the latter which it leaves is—wonderful to be told—all or nearly all albuminoid.

Results could not be more impressive than these as to the superior nourishing value of whole wheat meal, for they prove that the separation and rejection of the bran must inevitably impoverish the residual farina or flour. This fact obtains additional confirmation in my own every-day life, for whole-meal bread, which forms four-fifths of my restricted diet, nourishes me satisfactorily; whereas any attempt to vary it in the least, with fine white flour bread, brings back bodily discomfort and debility. In the course of my laboratory work upon this subject, I also learned that, unusually fine as are the fermentation breads of my system, non-ferment breads can be made to excel them in every respect. But it is necessary to follow throughout a strictly philosophical method, and then they will require less time and labour in their manufacture, be independent of a choice of wheats and always sweet and appetising. "Baking powders," however, must not be employed for generating the carbonic acid gas which is to vesiculate the dough, as they leave chemical residues in the baked loaf which render it unwholesome. Nor must the carbonic acid gas be dissolved in the water for mixing the dough and forced in mechanically, for though it would aerate the loaf it will not produce perfect bread. To promote the hydrolysis whereby the cerealine with water replaces yeast, leaven and fermentation, and to facilitate the osmotic action upon which the metamorphosis of dough into bread largely depends, the carbonic acid gas must be in the nascent state and generated within the dough.

Alexandra-road, N.W.

CASE OF DOUBLE OVARIOTOMY.

By C. H. HAINES, M.A., M.D., M.Ch.,
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THE following report of a case of double ovariotomy contains some points of special interest, which may render it worthy of insertion in the columns of THE LANCET.

E. R——, aged thirty-six, wife of a farm-labourer, a healthy-looking woman, married at the age of seventeen, came to New Zealand in 1874, having four children; since her arrival in the colony she has had three more, besides three miscarriages. She states that her mother died in childbed, at the age of thirty-two. She first noticed an enlargement of the abdomen in 1877. In September, 1883, she first experienced abdominal pain, which occurred after running a short distance. She applied then to Dr. Beale of Hamilton, who diagnosed an ovarian tumour of the left side. It caused very considerable enlargement of the abdomen, and extended about three inches above the umbilicus. The tumour was freely movable. It was increasing in size, and pain was constant. Two months later she came under my care in the Auckland Hospital (Nov. 1883). I aspirated the tumour, and through a large needle withdrew twenty-eight ounces of a jelly-like matter that became solid immediately; so thick and viscid was it that its withdrawal occupied an hour and a half. The size of the tumour was not very materially diminished after the operation. She then returned home. Her health was excellent, and the catamenia regular. Three months later Dr. Beale reported that the tumour was rapidly increasing and that her health was failing. The patient was suffering from dyspnœa and difficulty of micturition, and the tumour became so large that she was unable to move about. I then decided to

operate and elected to do so at her own house in Hamilton, 100 miles from Auckland. On examination prior to operation, I found that the patient had assumed a cachectic appearance; the abdominal circumference at the umbilicus was forty-five inches; the womb measured three inches and a half, and was not movable. On Feb. 14th, 1884, assisted by Drs. Beale, Blunden, and Mr. R. F. Sandes, I operated. An incision of six inches exposed the tumour. Spencer Wells's cannula failed to withdraw the contents of the cyst. I then made an incision into the cyst sufficiently large to admit the hand, and brought away in successive handfuls some pints of a similar matter to what had previously been removed by aspiration. I was then able to pass the hand round the tumour. I found that it was irregularly lobulated and polycystic. A few adhesions to the omentum existed. The smaller cysts I broke down from within, and scooped out the contents with the fingers. The omental adhesions were tied in segments with fine whipcord, and a few bleeding points touched with solution of perchloride of iron. On examining the right ovary another tumour was discovered. It was about the size and shape of a full-sized fœtal head, perfectly smooth, with white opaque walls. Its contents consisted of thick cheesy matter, studded with fine hairs, and was evidently a dermoid cyst. The left pedicle was narrow and of medium length, the right short and thick. The right pedicle was tied in two segments with stout whipcord and returned; the left was secured with a Spencer Wells's clamp. The tumours being then removed, the abdomen was carefully cleansed with a 1 in 60 carbolic lotion, the wound secured with deep sutures of wire and superficial ones of carbolised gut, and a rubber drainage-tube inserted. A dressing of several layers of thymol gauze and an abdominal bandage completed the operation. The patient rallied well, and spoke cheerfully on recovering from the effects of the anæsthetic. Half a grain of morphia was administered hypodermically. Having to return immediately to Auckland, Drs. Beale and Blunden took charge of the patient. The highest temperature recorded was 101·8° on the afternoon of the day succeeding the operation. She had some vomiting, which was restrained by ice, and some attacks of pain, relieved by morphia. No drainage took place through the tube, which was removed on the fifth day. An enema given on the sixth day opened the bowels freely. The dressings were not removed until the tenth day, when the greater portion of the wound had healed, and the clamp separated. The sutures were removed on the twelfth day. From this time the patient made uninterrupted progress; the wound had entirely healed on March 10th, twenty-five days after operation, and the patient was able to resume her ordinary duties. The weight of the cysts and contents was thirty-six pounds.

Remarks.—The points of special interest in this case which induced me to report it are: the nature of the cyst contents, the complication with the large dermoid cyst, and the good results obtained under the different methods of treatment of the pedicle. No special antiseptic precautions were taken during the operation, but the apartment had been thoroughly cleansed with antiseptics. The abdomen was washed with a weak solution of carbolic acid, and the dressings were of an absorbent and antiseptic character, which admitted of their being left undisturbed until separation of the clamp had taken place. The district where the operation was performed is a thinly populated one, well elevated above the sea, and of a very healthy character. The house of the patient is an ordinary labourer's cottage, detached, and surrounded by eucalyptus trees; the time of year midsummer, with the temperature of the atmosphere in the apartment ranging from 65° to 70°.

SOCIAL SCIENCE ASSOCIATION.—The Council of this Association, have, after due notice given, unanimously passed a resolution to the effect that, in prospect of a general election in the month of November, it is undesirable to hold a congress during the present year. They have, therefore, been reluctantly compelled to decline the invitation received from the City of Bath to meet there in the forthcoming autumn, but they have expressed a hope that the invitation from that city may be renewed for the year 1886. It has, however, been referred to the Executive Committee for consideration, and to report whether a conference of a more limited nature should not be organised in London, on some special subject or subjects to which, in view of the opening of a new Parliament, it may be considered desirable to call attention.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas at morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

TRAUMATIC ANEURYSM OF THE ULNAR ARTERY; OPERATION; RECOVERY.

(Under the care of Mr. BELLAMY.)

ANEURYSM of the arteries of the forearm, even of a traumatic character, is a rare disease, especially in the upper third; and the ulnar, from its position and depth, is less likely to be affected than the radial. The distance of the vessel from the surface, which is important in protecting it from wound, makes the operation which was required in this case more difficult of performance when the wound has been inflicted, and the presence of firm blood-clot, such as would be found eleven days after the injury, obscures the vessels when reached.

J. J. O'N——, a clerk in the Civil Service, was admitted on Jan. 12th with a wound inflicted with a desk knife, which entered about two inches the flexural fold of the elbow and rather to the inner side of the middle line, about a third of an inch long. Just before he came in the blood spurted out of the wound in great quantity. A firm compress was applied; and as there was no recurrence of bleeding and no appearance of a false aneurysm, he was on the 14th made an out-patient.

On Jan. 16th a little suppuration was observed in the wound, and on the following Monday night the pain was so severe from the tight bandage that sleep failed him. On the morning of the 20th he was seen by a private surgeon, who removed the tight bandage and syringed the wound out with carbolic lotion, after having pressed out a quantity of matter. On the following morning a sudden and severe spurt of blood occurred, estimated at about five ounces. Pressure on the wound stopped the bleeding. In the evening he was admitted, at 7 P.M., in consequence of a fresh and severe occurrence of hæmorrhage (about ten ounces).

Jan. 22nd.—The patient had his arm raised and very tight pressure applied over the wound by means of a pad. No fresh hæmorrhage has occurred since his admission to hospital. The patient looked somewhat blanched.

23rd.—As a fresh and unquestionably arterial hæmorrhage occurred in consequence of the bandage being loosened—the column was six inches high—Mr. Bellamy proceeded this day to operative measures. A tourniquet had been applied to the brachial artery to arrest bleeding. This was of course kept on during the operation. The wound was first enlarged, both up and down, with a probe-pointed bistoury, coagula of blood being found lying over the vessel and choking up the wound in every direction. On these being cleared away, the gaping open mouths of a wounded artery were seen. The vessel was as nearly as could be divided right through by the original injury, hanging together only by a thin shred. Mr. Bellamy ligatured the open ends of the vessel, divided the connecting links between the open ends, placed ligatures on one or two bleeding points, and cleared out all the clots, one of which had consistency in its walls, and could be called a diffuse traumatic aneurysm. The artery was unquestionably the ulnar, as the nerve was lying close to its inner side. Strict antiseptic precautions were observed; the wound was not closed, but a drainage-tube laid in and fastened with one stitch.

26th.—The patient is easy, and the wound looking healthy.

29th.—Granulations springing up of a healthy kind all over the wound. Drainage-tube no longer required. One catgut ligature visible. Patient still somewhat pallid.

The wound healed very rapidly, and the patient left, cured, on Feb. 10th, the circulation being thoroughly maintained in the hand and forearm, and there being no symptoms of injury to the ulnar nerve.

LEEDS UNION INFIRMARY.

THREE CASES, WITH POST-MORTEM EXAMINATION, ILLUSTRATING SOME POINTS IN CEREBRAL LOCALISATION OF FUNCTION.

(Under the care of Dr. JAS. ALLAN, Medical Superintendent.)

CASE 1. *Cerebral Softening; Paralysis; Death. Autopsy: Lesions of Basal Ganglia and of Third Left Frontal Convolution.*—Catherine F——, aged sixty-six, was admitted on Sept. 15th, 1882. She had been quite well and strong up to the 5th, when she had a fit and became paralysed on the right side.

On admission there was paralysis of the right upper and lower extremities, the facial muscles not affected; her articulation was thick and indistinct, and she complained of great pain in the paralysed limbs. The patient was emotional, noisy at night, but apparently unconscious of so being. The pain referred to continued throughout her illness.

On Nov. 17th she had an epileptiform fit, became unconscious and remained so, groaning continuously till death on the 23rd of November. After the fit the patient's face was strongly drawn to the right, and the right lower limb was firmly flexed on the abdomen. Reflex action exaggerated; the left lower limb sprawled about over the bed; reflex action subnormal. Both eyes were drawn to the right and upwards; the pupils dilated, but sensible to light. Saliva dribbled from the mouth; power of swallowing lost.

Autopsy a few hours after death.—Skull-cap very thick, half an inch at parts; membranes on the vertex of the brain opaque and thickened; a large amount of fluid in the membranes; the brain tissue generally abnormally firm, but a portion of the left hemisphere behind, and including the third left frontal convolution, was very soft on palpation, and here the membranes could not be removed without brain tissue adhering to them. On section of the right hemisphere the brain was found much too firm in consistence; the lateral ventricle was rather small; a very large artery entered the corpus striatum. Section of the left hemisphere showed that the left corpus striatum was softened to diffluence; there was also softening of a limited area of the contiguous anterior part of the left optic thalamus; softening also involved the left hemisphere from the corpus striatum outwards and upwards to the surface, including the posterior part of the third left frontal convolution. The softened tissue was greyish and darker than normal; there was no hæmorrhage, or evidence of old hæmorrhage. The whole brain weighed 38 oz.; the cerebellum and pons alone weighed 5½ oz. There was aortic incompetence; atheromatous degeneration of the valves and of the aortic arch; the left ventricle much hypertrophied; weight of heart 12 oz. The liver and kidneys were cirrhotic.

CASE 2. *Convulsions; Loss of Sight; Death. Autopsy showed extensive Areas of Softening, including part of Optic Thalamus.*—James R——, aged sixty-four, a shoemaker, was brought in by the police on December 9th, 1882, having been found in an unconscious state. He gradually recovered consciousness, and in a few days was apparently quite well; his memory, however, was very defective; he had an anxious expression, as if in dread of some imminent danger, and complained of pain in the back of the head. Ophthalmoscopic examination revealed nothing abnormal. The patient was an inmate of this infirmary until his death, on June 12th, 1884. At intervals of six weeks or two months during his stay he was suddenly seized with very violent epileptiform fits; would continue two or three days after each attack dazed and ill, and then get about as usual. For a week before death he was, on account of the frequency and severity of the fits, entirely confined to bed. The muscular contractions were usually general, but always more marked in, and sometimes confined to, the left upper and lower limbs and the left side of the face. When not convulsed the patient was quite conscious, and had perfect use of his limbs. He became completely blind of both eyes four days prior to death. There was no pain referred to the eyes; sight not previously affected. It was found on inquiry that this patient had had two fits, one a year, the other six months, previous to date of admission. He was described as having been ill for three months after the first, and is said to have lost his speech for a time after the second seizure. There was nothing peculiar in the family history of this man; no previous illness; but he was much given to drink.

An autopsy of the head was made a few hours after death. The scalp was adherent; calvaria of normal thickness; membranes of the brain much thickened; a considerable amount of fluid in the subarachnoid space. There was a small osseous plate in the falx cerebri just over the crista galli. On removing the brain a large quantity of fluid escaped from the ventricles. Arteries at the base much degenerated, atheromatous, and calcareous. In the situation of the left supra-marginal lobule there was a large deficiency of brain tissue; the gap was triangular in outline, the two longer sides of the triangle, about one inch and a half each in length, were formed by the ascending parietal convolution and by the superior temporo-sphenoidal convolution; the base of the triangle, about an inch in length, was in the occipital lobe; in shape the gap was somewhat pyramidal; its apex reached the descending cornu of the left lateral ventricle on a level with and just behind the ventricular projection of the optic thalamus, and was only separated from the lateral ventricle by its ependyma, which was much thickened. Both lateral ventricles, much dilated, presented large vessels ramifying on their walls. The left corpus striatum and optic thalamus were normal in consistence. In the right lateral ventricle there was softening to diffluence of the floor behind and external to the optic thalamus; it extended close up to and included the posterior part of the optic thalamus to the depth of about half an inch. Both hippocampi were involved and the surrounding cerebral tissue, downwards to the inferior surface of the occipital lobe, and backwards—that part of the occipital lobe directly behind the lateral ventricle. The corpus striatum of the right side was normal, also the anterior part of the optic thalamus. The brain weighed 43¾ oz., the cerebellum and pons alone 4¼ oz.

CASE 3. *Heart Disease; Hemiplegia; Death. Autopsy showed Softening of one Corpus Striatum and part of Optic Thalamus.*—William H——, aged thirty-seven, a slater, was admitted on March 24th, 1884, with paralysis of the left side. Paralysis came on after a fit on the day previous to admission. Cramps and numbness of the left lower limb preceded the fit a few hours. Just before his illness he had got cold and wet from working on a roof covered with hoar-frost. He had not had any illness; said he never had venereal disease; was a moderate drinker. On examination he was found to have complete motor paralysis of the left upper extremity, and nearly complete motor paralysis of the lower; muscles of the face not affected. He experienced intense pain referred to the right ear and radiating over the right side of the head; nothing abnormal detected in the right ear. The pupils were unequal, the right contracted and the left dilated. There was evidence of aortic disease and cardiac hypertrophy. The patient was ordered iodide of potassium in increasing doses, and blisters were occasionally applied behind the right ear.

April 5th.—Earache and pain not so excessive. Temperature 98°; pulse 66.

27th.—Progressive emaciation; headache. Retinal hæmorrhages were found on ophthalmoscopic examination; sight not affected.

July 8th.—Both pupils dilated, the left more so than the right; frontal headache. Temperature 98·2°; pulse 84.

15th.—He feels very unwell; headache frontal and above the ears. Temperature 103°; pulse 132.

17th.—Headache nearly gone; he is very anæmic. The patient is troubled with dreams, of the unreality of which he can with difficulty convince himself. Morning temperature 99·4°; pulse 84. Evening temperature 98·4°; pulse 96.

27th.—Temperature normal; pulse 84, dicrotic.

August 4th.—Temperature subnormal; frontal headache. Has Cheyne Stokes' respiration; the accelerated respirations are brought on by any change of position in bed or by coughing; pulse feeble and irregular, varying from 96 to 120.

7th.—Respiration frequently of Cheyne Stokes' character. Temperature 97·5°; pulse 120; has a troublesome short cough.

8th.—Has dyspnœal paroxysms; distressed expression; not much headache. Evening temperature 96·8°; pulse 120 to 144 per minute.

9th.—More intense dyspnœal attacks. Death took place, the immediate cause being œdema of the lungs.

The patient was confined to bed during the whole time of his illness. Soon after admission the use of the left lower limb was to a considerable extent recovered; he could get out of bed and walk fairly, dragging the paralysed limb.

Throughout his illness he was rather restless at night, and talked in his sleep; his expression was anxious; was never irritable; would sometimes give way to tears; was quite conscious up to death, his intellectual faculties not being impaired.

An autopsy was made thirteen hours after death. No external evidence of syphilis except baldness of the head. Scalp thin and adherent to the calvaria; the bone very dense, rather thick, heavy, and of an ivory whiteness; the diploë very inconspicuous. The dura mater along the longitudinal sinus in the situation where the Pacchionian bodies are usually found, contained a number of osseous spicules. Membranes of brain thickened, especially so on the vertex and just behind the pons Varolii at the base; there was some fluid in the subarachnoid space. The right corpus striatum was much softened, not quite to diffluence, throughout its whole extent; also a considerable portion of the right optic thalamus in its upper and outer and anterior aspects. The brain generally presented nothing further abnormal, except that it was rather softer in consistence than normal. Both internal ears were thoroughly examined; no evidence of disease was found. The costal cartilages had undergone ossification. The heart weighed sixteen ounces; cavities dilated; walls hypertrophied; both tricuspid and mitral valves much dilated; the aortic valve cusps presented exuberant granulations all round; the aorta slightly atheromatous, very thin, not dilated; right side of heart full of blood and clots. Both lungs œdematous throughout; in the apex of the left lung there had at one time been an area of disease, probably phthisis, now represented by a cicatricial mass undergoing cretaceous degeneration, about the size of a golf ball, and quiescent. The right lung was universally adherent to the chest wall, and in this lung œdema was much more marked than in the left. The stomach much dilated; walls attenuated; no disease of the pylorus. Liver considerably enlarged, fatty; capsule thickened at parts; no new growths in the interior. Spleen of large size; at its upper end, near each other and reaching the surface, there were two gummata, rather firm in consistence, and each about the size of a hazel nut; other smaller gummata were found on section of the spleen. The spleen had undergone amyloid degeneration.

Note.—The osseous plates found in the meninges of the brains of two of the cases were prepared and examined microscopically, and found to be true bone.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Non-Ovarian Dermoid Tumours.—Pathological Histology of Semilunar and Superior Cervical Sympathetic Ganglia.

AN ordinary meeting of this Society was held on the 28th ult., Dr. George Johnson, F.R.S., President, in the chair.

Mr. ALBAN DORAN read some notes on so-called Non-Ovarian Dermoid Tumours. The object of this paper was to show that many dermoid cysts of the abdomen that have been described as non-ovarian were really ovarian cysts that had become separated from their pedicles. Dermoid cysts of the great omentum were generally of this class. The following case was related:—A woman, aged thirty-three, had noticed for six years a swelling lying rather to the left of the umbilicus. It shifted to the right side after pregnancy, and then appeared as an obscurely fluctuating tumour, extending towards, but not deeply into, the right flank. There was tympanitic resonance over the tumour, especially towards the right side. The tumour was exposed by an incision made along the outer border of the right rectus muscle. On tapping it, some fluid resembling pus was drawn off. The tumour was intimately connected with the great omentum, and strongly adherent to the ascending mesocolon. The right ovary was found healthy. The left was not examined, as there was no suspicion, at the time of operation, that the tumour was ovarian. It proved to be a dermoid cyst, and it was afterwards suspected to have arisen from the left ovary. Mr. Doran then related a second case, where the ovarian origin of the dermoid tumour was proved by examination of the uterus; and a third, where a normal ovary was found high out of the pelvis, adherent to the omentum, with its pedicle much stretched. Some dermoid abdominal cysts had been rightly described as non-ovarian, having occurred in men. The origin of dermoid cysts developed between the bladder and rectum was very uncertain; such cysts were sessile, and thus could not come under the conditions that formed the subject of this paper. On carefully considering the cases described or referred to by Lebert (*Gazette Médicale de Paris*, 1852) as instances of non-ovarian dermoid cysts of the abdomen in women, the evidence as to their real nature was found to be very defective. The ovaries appeared to have often been overlooked. The shrivelled stump of a self-detached ovarian pedicle bore some resemblance to an atrophied ovary, and thus might be a source of fallacy. Lastly, the separation of an ovarian tumour from its pedicle was a condition which had not been recognised when Lebert's cases had occurred. That pathologist quoted examples of uterine dermoid cysts, but these all appeared to be simply instances of the discharge of hair and teeth from the uterus or vagina, a complication unknown in cases of dermoid ovarian disease. The paper included an analysis of some of Lebert's cases, taken, not from his works, but from the original clinical reports, which often failed to prove that the tumours were not ovarian. Since ovarian pathology had been more studied, few, if any, cases of non-ovarian dermoid abdominal cysts in women had been described, excluding perhaps those instances where such cysts had developed between the uterus and the rectum. No museum specimen of dermoid abdominal tumour could be safely held up as non-ovarian unless there was clear evidence that the pelvic viscera had been carefully searched and both ovaries accounted for.—Dr. ORD had shown before the Society some years ago a specimen of dermoid cyst removed from the abdomen of a man. He considered that these tumours might arise as the result of the process of "inclusion," such as led to the formation of dermoid cysts about the neck, or as the result of an aberration of development: where we might suppose that a portion of the common blastema of ovary and testis had gone wrong at an early period of development. He believed Mr. Doran's contention that these cysts wanting pedicles arose from abnormal states of the ovary was the right one.—Dr. CREIGHTON thought there was no *à priori* reason why these dermoid tumours should not arise in the omentum itself. As he had elsewhere shown, nearly all "epiblastic" structures could originate from the connective tissue cells.—Mr. JULER asked whether these tumours were always and necessarily congenital. Had the ovary the power of giving rise to these dermoid cysts? He had seen many cases of dermoid cysts at the outer angle of the orbit and always regarded them as of epiblastic origin.—Mr. HOWARD MARSH asked whether all the ovarian tumours in children were dermoid; he had removed one from a child eight years of age.—Mr. ALBAN DORAN said that dermoid tumours in man nearly always occurred between the bladder and rectum. Dr. Ord had described to this Society a specimen of persistent Müllerian duct in the male, and this duct might have become the seat of a dermoid tumour. He did not say that dermoid tumours could not originate from the omentum, but clinical experience pointed to the contrary. There was strong evidence of the congenital origin of these dermoid cysts. Römer had watched the growth of one. He considered that dermoid tumours might arise as the result of an abnormal development of an ovarian cell, the influence of the spermatic cell being wanting. Dermoid cysts of the testis were different from those met with elsewhere, as Velpeau and others have maintained.

Dr. HALE WHITE read a paper on the Pathological Histology of the Semilunar and Superior Cervical Sympathetic Ganglia. This paper was founded on an examination of about a hundred and fifty sections of the above ganglia, from which it was concluded that the external appearances of the ganglia were of no importance whatever in pathology, unless they were obviously affected by malignant disease, abscess, tubercle, &c., or had become implicated in some inflammatory condition of the surrounding parts. The typical ganglionic nerve-cell resembles other ganglion cells; it is larger and more rounded than those from the anterior cornua. No inference can be drawn from the number of nerve-cells to be seen in a section, for the normal arrangement is irregular, the sections are not in the same place, and all ganglia are not the same size. Many cells have no processes, and some have neither nucleus nor nucleolus. As a

general rule, the cells are wasted in patients who have died of wasting diseases, but this is subject to many exceptions. Pigmentary degeneration may or may not be accompanied by a diminution in the size of the cell, and is almost universal in sympathetic ganglia; perhaps this may be the cause of some of the slight ailments from which we all suffer. In the present state of our knowledge the varying appearances from pigmentation have no significance; the variations within the normal limit are very great, and in at least four-fifths of the cases the cells are abnormal. Pigmentation of the nerve-fibres does not occur. The amount of fibrous tissue varies much in different specimens, and in different parts of the same specimen. The superior cervical contains more bloodvessels than the semilunar ganglia. In the former, the normal arrangement is for a large artery to run down the long axis; there is no constant arrangement in the latter. In chronic Bright's disease the small arteries are thickened; otherwise in this malady the specimens are normal. In acute inflammation of the ganglia the section is obscured by the enormous number of escaped white blood-cells; there is also some multiplication of the cells of the connective tissue; this may be accompanied by congestion. It has been found only in diabetes and purpura hæmorrhagica, and is the only pathological lesion about which one can speak with certainty.—The PRESIDENT thanked Dr. Hale White in the name of the Society for the interesting and laborious paper which he had prepared, and imagined that the field of work was one but little known.—Dr. DYCE DUCKWORTH considered that the paper contained a valuable summary of results. Morbid phenomena may occur without any recognisable pathological changes being left behind. He had hoped to have heard something about the histology of the ganglia in exophthalmic goitre and Addison's disease.—Dr. ANGEL MONEY also commented on the value of the research, and asked whether the gold and osmic acid methods had been used; Weigert's method might prove of much use. By these methods the intimate structure of the ganglia could be made out more efficiently.—Dr. PERCY KIDD asked in how many individuals the ganglia had been examined. In some sections mention was made of numbers of small cells, and he inquired what the age of the patients was from whom these specimens had been taken, as he had observed somewhat similar changes in the ganglia of young persons.—Dr. HALE WHITE, in reply, said he had been unfortunate in not obtaining specimens from cases of exophthalmic goitre and Addison's disease. He had not employed the gold method, but had used osmic acid in some cases. He could not state the precise number of individuals from whom he had made preparations, as from some he had taken two or more sympathetic ganglia.

CLINICAL SOCIETY OF LONDON.

Sporadic Cretinism.—Inguinal Aneurysm.—Renal Lithotomy.

AN ordinary meeting of this Society took place on the 24th ult., Mr. Arthur E. Durham, F.R.C.S., Vice-President, in the chair. The discussion of the surgical papers was of an interesting character.

Dr. SIDNEY PHILLIPS read notes of a case of Sporadic Cretinism. The patient, who was exhibited, was a child aged ten years and three months, who had come under observation at St. Mary's Hospital. The parents were healthy, and there was no history of syphilis, tubercle, or rickets in the family. Two months previous to the birth of the child the mother had received a severe fright. Labour was natural. The child exhibited nothing unnatural till nine months old. The child was 2 st. 7 lb. in weight, and 2 ft. 7½ in. high. There were large masses of fatty tissue above the clavicles, the thyroid was absent, the voice croaking, the hair scanty, the head very large, and the anterior fontanelle unclosed. There was marked lordosis, and the child, though able to walk, was unsteady on the legs. She was childish in intellect, but good-tempered; her mental condition was mainly remarkable for extreme torpidity and hebetude. The limbs and face were œdematous, but firm; they pitted on firm pressure, but the pitting disappeared more quickly than in cases of dropsy. The hands were spade-like, the feet short and square, the limbs very much enlarged, and the tongue also enlarged. Dr. Phillips pointed out that, besides other signs of cretinism, there was here present a condition much allied to, if not identical with, the disease known as myxœdema. That the mental condition was somewhat different from that in myxœdematous adults was accounted for by the early age at which it came on, before the mind had had time to become developed. It was pointed out that ten cases of a similar nature had now been recorded, two of them by Mr. Curling, four by the late Dr. Hilton Fagge, and one each by Dr. Fletcher Beach, Dr. Langdon Down, and Dr. Routh. On examining the records of these, it appeared that six of the ten cases presented signs, more or less marked, of an œdematous state, and Dr. Phillips pointed out that it was not therefore an exceptional occurrence in association with myxœdema, but must be looked on as part and parcel of the disease. Foden's opinion, quoted by the Sardinian Commission, that cretinous infants mostly become œdematous, was to the same effect. Experimental removal of the thyroid had been shown by Kocher to produce cretinism in human beings. In monkeys Mr. Horsley had produced myxœdema by ablation of the gland. There was no evidence as to what caused the deficiency of the thyroid in the present case, but this was the third out of the ten cases in which there was a history of fright during pregnancy. The cause, whatever it might be, must have been transient and accidental, rather than due to the locality inhabited or the parents' health, since the remaining eight children born of the marriage were quite healthy.—No discussion followed the reading of this paper.

Mr. W. J. WALSHAM read notes of a case of Inguinal Aneurysm, in which Ligature of the External Iliac Artery with two Kangaroo-tail Tendon Ligatures and Division of the Artery between was practised. A strong and muscular man, aged thirty-three, came under Mr. Walsham's care on February 4th, 1884, for an aneurysm the size of a small cocoa-nut in the right groin. The patient had been in the army, and had had syphilis. He had only noticed the aneurysm two months, and attributed it to a fall whilst carrying a sack of coals on his back. He had followed his employment of a dock labourer till within a week of his admission to the hospital, when he had to give it up on account of pain and swelling of his leg. The aneurysm measured five inches and a half in its longitudinal diameter, seven inches in its transverse, and projected two inches above the level of the thigh. It extended about an inch above Poupart's ligament. The right lower limb and the penis were swollen and œdematous. Pulsation could be stopped with difficulty by pressure on the external iliac artery. The patient was placed in bed, and the limb bandaged and raised; but the aneurysm increasing in size, Mr. Walsham tied the external iliac on February 8th. The vessel was readily exposed in the usual way, and two strong kangaroo-tail ligatures having been applied three-eighths of an inch apart, the vessel was divided between them with scissors. The ligatures were then cut short, a drainage-tube inserted, and the wound closed with stout catgut sutures. The steam spray apparatus failed in the middle of the operation. The wound was dressed with carbolic gauze. On the second day after the operation the wound was found united by the first intention, except at its lower part. From this time the patient progressed favourably in every way, except that a sinus remained where the drainage-tube had been inserted, and the aneurysm, which ceased to pulsate on the application of the ligature, remained soft, and did not diminish in size. On March 27th his temperature rose to 101°, and on the 28th to 103°; whilst the pulse was 132. The wound was then dressed, and appeared healthy. Nothing fresh was noticed about the aneurysm. On the 29th the temperature had fallen to 99·6°, and the pulse to 120. The patient complained that the bandage felt tight, and it was loosened by the house-surgeon. On the 31st Mr. Walsham found on his visit that the aneurysm had given way at one spot, where the cuticle was raised into a blister by fluid black blood, which was oozing from a pin-prick aperture in the sac. The parts around were red and swollen; the sinus where the operation wound had been was healthy. The aperture in the aneurysm was closed by lint soaked in collodion, and a nurse placed on guard. On April 1st the aperture in the sac increased to the size of a penny-piece, and a black clot the size of a walnut was projecting. A probe soaked in a strong solution of perchloride of iron was thrust into the sac through the clot in six or seven places, and the clot covered with collodionised lint. On April 2nd this was repeated. On the 3rd the aneurysm was evidently sloughing, and a poultice was applied. On the 10th the aneurysm no longer projected, and was freely suppurating. On the 17th the site of the

aneurysm was occupied by a healthy granulating wound. On May 17th the patient was discharged with both wounds soundly healed. The author remarked that the aneurysm had formed so rapidly, had attained so large a size, its increase was so marked during the few days it was under observation, and the sac was so thin, that ligature was resorted to without any attempts to cure it by pressure. Mr. Walsham had collected all the cases of aneurysm in the groin published in the English weekly periodicals, &c., since 1870. They numbered sixty-seven cases. Of these, thirty-six were treated by pressure, or by pressure and subsequent ligature. In nine only was pressure successful; in two of the remainder pulsation ceased in the sac, but the patients died apparently from the effects of the pressure. In the rest, pressure failed entirely, and ligature had to be resorted to. But not only in these did pressure fail to cure the aneurysm, but it appears in fifteen to have placed the patients in a worse condition for subsequent ligature, and in some in considerable danger of their lives. In three or possibly four, death seemed attributable entirely, or in great part, to the pressure. In face of these results, Mr. Walsham was inclined to question whether, as generally taught, pressure ought as a rule to be attempted in aneurysms of the groin before resorting to ligature. Since the revival of the method of applying two ligatures and dividing the artery between them, this appears to be the first case in which it has been employed on the external iliac. The advantages claimed for the method are—1st, that it diminishes the risk of secondary hæmorrhage by removing longitudinal tension of the vessel, and by ensuring that no part of the artery above the upper and below the lower ligature is deprived of the nourishment it receives from its sheaths; and 2ndly, the artery being divided completely across, there can be no chance of its calibre being restored through the slipping of the knot, the too rapid absorption or giving way of the ligature, or the failure of division of the internal and middle coats. A restoration of the calibre of the artery from one or other of these causes has now in several instances led to a return of pulsation in the aneurysm, and in consequence, in some cases, to its rupture and fatal hæmorrhage. In the last place, Mr. Walsham advocated the leaving of the suppurating sac to nature, in place of incision, and turning out the clots as advised by many—a proceeding which has led to severe, or even fatal hæmorrhage. —Mr. DURHAM had seen a remarkable case of inguinal aneurysm twenty-five years ago under the care of Mr. Hilton. A silk ligature was placed upon the artery, probably the common iliac. Although suppuration of the sac ensued, the patient ultimately recovered; and four years later an aneurysm of the other side appeared, which was cured by compression of the common iliac artery by means of Pancoast's tourniquet. The patient lived five or six years, and then died of aneurysm of the aorta.—Mr. CHARTERS SYMONDS said that the kind of ligature and the method were the points still under discussion. From Mr. Morris's and Mr. Hutchinson's statistics no comparison could be made between the relative values of silk, catgut, and kangaroo tendon as ligatures. He said that fresh statistics were required before we could arrive at a comparative value. At Guy's Hospital the use of catgut and antiseptics had rendered very infrequent the occurrence of secondary hæmorrhage.—Mr. R. J. GODLEE asked whether the kangaroo tendon was rendered aseptic by any means, and also whether there were any signs of the ligature coming away. He had known such ligatures to come away some time after the operation; in a case of subcutaneous ligature of a nævus two months elapsed, and then a ligature was removed from the wound. He thought that double ligature with division was a sound operation.—Mr. T. SMITH said that he was the first to do the operation of double ligature with division between at St. Bartholomew's Hospital. He had pursued this plan with every artery in the body except the subclavian. Last year he ligatured with kangaroo tendon the external iliac artery, with a successful result. Many of his colleagues were converted to this method, which was the one which Carden of Worcester had suggested to Mr. Smith many years ago. The double ligature did not allow of pockets of pus to accumulate, for the divided ends of the artery retracted to varying degrees according to the artery concerned. There was less risk of secondary hæmorrhage from an artery in a stump because the artery was relieved from all tension, whereas much elastic tension existed in a vessel ligatured in its continuity. The whole wound was laid open from the bottom if the artery were divided between the two ligatures, and nothing like a separate sinus existed between the artery and vein such as was the case when a single ligature was used.—Mr. HOWARD MARSH was one of those who had formed a favourable estimate of the method of double ligature with division of the vessel between. In this operation there was a greater certainty that the vein would not be wounded. In at least two instances he had seen the femoral vein wounded, and in one case the needle was passed through the vein, and pyæmia resulted. The division of the artery allowed of full contraction and retraction of the ends, as happened in spontaneous arrest of hæmorrhage. It was true that Mr. Syme had ligatured in their continuity thirty-one arteries without a fatal result, but such success it was not for everyone to expect. He thought it was far better to ligature the external iliac without attempting to cure the aneurysm by compression. Pain, delay, and uncertainty were the objections encountered in treating the aneurysm by compression.—Mr. WALSHAM replied that the kangaroo tendon was steeped in a strong solution of carbolic acid. He did not agree with Mr. Symonds, for he considered that the statistics which he had furnished, dating as they did only since 1870, supplied a comparison, for many of the cases had been treated antiseptically, and catgut and kangaroo tendon had been used.

Dr. DICKINSON and Mr. ROUSE read a paper on a case of Renal Lithotomy. The subject of this case was a young man who had been in St. George's Hospital under the care of Dr. Dickinson, as far back as 1877, with hæmaturia, due, as was considered, to stone in the kidney. He was last admitted in April, 1884. His age was then nineteen. His parents had been on the previous occasion advised to bring him up to a sedentary occupation, instead of which they made him a blacksmith. He suffered from repeated hæmaturia, brought on either by exertion or movement or by drinking beer, and had occasional pain in the right renal region. The urine was bloody, there was no albumen except what was due to the blood, and the diagnosis of stone in the right kidney appeared to admit of no doubt, while excepting the stone there appeared to be no renal disease. The patient was somewhat spare in frame, and appeared to be so favourable a subject for operation that Dr. Dickinson requested Mr. Rouse to undertake it. This was accordingly done on May 8th, 1884. An incision was made in the right loin as in Amussat's operation, the kidney exposed, and a stone felt inside it with the finger and with a needle. The kidney was then incised, a stone weighing sixty-five grains removed, and a smaller one felt, which eluded the attempts made to extract it. This, however, which was found to weigh only two grains, came away spontaneously on the fourth day after the operation. The larger stone was about as large as a filbert, the smaller the size of a pea. They were not cut, but presented the appearance externally of oxalate of lime. The urine discharged abundantly through the wound. The progress of recovery was interrupted by an attack of septicæmia, which was almost indistinguishable from pyæmia. A severe rigor occurred on May 22nd, and was repeated on many subsequent days. The temperature went up to 107°, and presented a daily maximum which for twelve days, with one exception, ranged between this point and 103°, while eleven days elapsed before it assumed anything like a normal level. The febrile attack was accompanied at its commencement by pneumonia, as was shown by the characteristic expectoration, and later by rheumatoid swellings of several joints, notably of the left elbow, wrist, and knee, all of which were red, painful, and tender, while the knee contained an appreciable amount of fluid. Quinine and stimulants were freely given, under which the adverse symptoms disappeared. The wound in the meanwhile had been healing without interruption, and on July 16th was closed. The patient was last seen on October 27th, when he returned to the hospital to show himself. He was in perfect health, and was about to resume his work as a blacksmith. The stones were exhibited. — Mr. DURHAM made mention of the fact that Mr. Thomas Smith was the first to advocate this operation, though he believed that he (Mr. Durham) was the first, in recent times, to attempt the operation of removal of a renal calculus; owing to a mistaken diagnosis no calculus was removed. Mr. Morris was the first to perform the operation successfully.—Mr. SMITH thanked Mr. Durham for referring to his inauguration of the idea of renal lithotomy, and said that it was not till two months ago that he had had the oppor-

tunity of performing the operation. Even when the kidney was exposed it was sometimes impossible to detect the actual existence of a stone. He had recently removed the kidney for calculus, and yet thorough external exploration (the kidney was not punctured) failed to detect the stone. A detached calculus, with much phosphatic débris, was first seen on incising the kidney after its removal. He was not sure which would prove the less dangerous operation, nephrectomy or nephrotomy.—Mr. WALSHAM alluded to a case of nephrectomy which he had performed on a woman, aged forty-three, about two weeks ago. There was no hæmaturia at any time, but much pus in the urine; in the right lumbar region a large swelling existed. The kidney was reached by a lateral incision between the anterior superior spine and the left rib. A large branched stone was found, but he had to remove the kidney; the nephrectomy was accomplished after considerable difficulty; some collapse followed, but the patient was in a fair way of recovery; the urine was clear and free from albumen.—Dr. F. L. BENHAM said that Armstrong had advocated calomel as a treatment for pyæmia, and questioned whether the improvement in Dr. Dickinson's case did not result from the external use of calomel.—Mr. CHARTERS SYMONDS put the question whether, in a man suffering from renal colic or intense pain due to kidney disease, it was justifiable to remove the kidney. He referred to cases that had been under his observation, and to one in which a urinary abscess, situate behind the peritoneum, was drained; death ensued from peritonitis, which was not related to the operation, but was due to the primary renal disease.—Mr. WARRINGTON HAWARD was of opinion that exploration, even with incision, was far less dangerous than nephrectomy when the surgeon was doubtful whether a stone was present or not. He related a case in which all the symptoms pointing to a renal calculus were present in a young man; digital exploration and puncture detected no stone, but he did not proceed to remove the kidney, for he was very doubtful of the wisdom of such a procedure. In a case in which he had removed a stone from the kidney there was much suppuration; incision allowed of drainage as well as removal of the stone, and the patient did well.—Mr. R. J. GODLEE thought that our surgical experience had taught us that nephrectomy was a most dangerous operation, and likely to cause death in exhausted states of the system. Some old cases of kidney disease might be dealt with much more freely than was perhaps generally thought. He referred to a case of renal calculus in a woman from whom he had removed a stone first and the kidney later on; the shock was comparatively slight in both operations, and by the time of the second operation the kidney had shrunk to a very small size. He differed from Mr. Rouse, and thought it was possible to keep the wound aseptic notwithstanding the presence of urine.—Dr. DICKINSON felt most strongly that the removal of a kidney was a most unwise procedure when incision would effect practically all that was necessary. He did not think that the calomel had much to do with the recovery of the patient from the pyæmic-like symptoms.

Mr. R. W. PARKER showed a little girl, aged five, in whom he had performed thyrotomy for papillomatous growth in the larynx seven months ago. Recovery followed, with preservation of voice. A paper on the case will be read in full in the early part of next session.

Mr. J. R. Lunn showed: Four cases of Osteitis Deformans and microscopical sections of Diseased Tissues. Mr. Rushton Parker: A case of Ununited Fracture of Olecranon, wired antiseptically, with close union of fragments. Dr. Stephen Mackenzie: (1) A case of Osteitis Deformans; (2) A case of Hereditary Multiple Tumours. Dr. Hadden: A case of Obstruction of Arteries and Veins which had lasted many years.

HARVEIAN SOCIETY OF LONDON.

A MEETING of the above Society was held on April 16th, Dr. T. Morton, President, in the chair.

Dr. R. W. BURNET read notes of a case of Ulcerative Endocarditis, which had been under his care for two months in the Great Northern Central Hospital. The earliest complaint had been of slight pains and swelling of the limbs. The symptoms having become acute, the patient was admitted into hospital. She was then weak, pale, and somewhat emaciated; skin dry and harsh; pulse 110; temperature 102·5°; respiration 36; heart's impulse normal; a systolic thrill, and a systolic murmur audible at apex and in the axilla. Ulcerative (or infective) endocarditis was diagnosed. The patient gradually got worse. The temperature varied from 100° to 104·5° F.; and the pulse from 120 to 130; the murmur became very rough and the urine albuminous, and the patient gradually sank. Post-mortem: Lungs congested and œdematous; pericardium thickened and adherent; ventricles thickened and dilated; mitral valve thickened, but smooth; posterior surface of left auricle covered with adherent vegetations; aortic valves incompetent, thickened, and thrown into folds; aorta healthy; large infarct in spleen, and two other infarcts of older date. No noticeable changes in the other organs. Dr. Burnet gave abstracts of three other cases, one of which had been under observation for four months. In this case there were, in addition to extensive disease of the heart, pleurisy, pneumonia, and pericarditis. The heart was very large, hypertrophied, and dilated; the mitral valve and chordæ tendineæ much thickened; on the mitral and in the left auricle numerous vegetations; emboli in the spleen and left kidney. In one of the other cases there was gangrene of the foot. Dr. Burnet pointed out that the first case was typical of a class of cases in which endocarditis followed upon old rheumatic mischief, and that the rheumatic symptoms need not be severe, although the cardiac affections may ultimately prove fatal. Dr. Burnet alluded to the recent Gulstonian lectures by Dr. Osler, and quoted the views of the latter in reference to this form of endocarditis.—Dr. BROADBENT commented upon the pathology of the affection and upon the usual modes of death. Occasionally cases might recover; of this there existed clinical as well as anatomical evidence.—Dr. EWART called attention to the fact that fatal endocarditis often ran its course without any ulceration. Applied to such cases the term "ulcerative endocarditis" was a misnomer. It might be well to discontinue the use of the prefix.—Dr. J. WILLIAMS referred to a case of the disease occurring in the puerperal state. Independently of endocarditis, cardiac murmurs were very common in puerperal women.—Dr. ANGEL MONEY had recognised the presence of a bruit over the site of the left auricle and at the fourth cartilage in 60 per cent. of Dr. Williams's puerperal patients. This was probably due to the hypertrophy and dilatation of the heart, and to physiological changes in the composition of the blood.

Mr. J. ERNEST LANE read a paper on Hæmophilia. Having dwelt upon the hereditary nature of the affection, he referred to its marked prevalence in the male sex. In the female the disease probably remained in a latent form. Thus the daughters of a male patient, although exempt, might transmit the idiosyncrasy to their sons, whilst the direct male descendants remained healthy. Attention was also drawn to the fact that "bleeder" families were unusually prolific, the number of births being almost double the ordinary average. The comparative rarity of the disease was explained by the fact that in these families the number of sons far exceeded that of the daughters. Of thirty-seven children born in six of these families, twenty-seven were boys and ten girls. The symptoms were classified under the following headings:—1. Spontaneous bleedings. 2. Traumatic bleedings. 3. Effusions into joints. Referring to this last symptom, Mr. Lane considered that the swellings of the joints were usually due to synovial, and not to hæmorrhagic, effusion. The views of Virchow and of Wachsmuth as to the pathology of the disease were quoted. With regard to treatment, he recommended the habitual use of purgatives, such as sulphate of soda or compound jalap powder. The hæmorrhages should be treated by the use of styptics, preference being given to the perchloride of iron. He referred to a case in which transfusion had been performed by Dr. Samuel Lane when the patient was on the point of death from hæmorrhage induced by an operation for squint.—Dr. M. HANDFIELD JONES briefly narrated an example of the disease which had come under his notice in which the diathesis had been traced through three generations. There was apparently a close connexion between the number of members in a family and the fatality of the disease, the percentage of deaths from bleeding increasing as the number of children became larger. Moreover, among the younger children hæmophilia proved more rapidly fatal than in the earlier members. Dr. Handfield Jones differed from Mr. Lane in thinking that hæmophilic patients rallied quickly from large blood-losses.—Mr. SEDGWICK looked upon hæmophilia as a congenital defect of the vascular system, and upon the associated affection of some of the joints as usually due to effusion of blood. The female transmitters did not exhibit any ex-

eptional tendency to hæmorrhage even during childbirth. Families of bleeders both in this country and in America probably inherited the defect in many cases from a common source, through the occasional extension of the usual limits of atavism. In some forms of the diathesis, such as epistaxis, hæmoptysis, and umbilical hæmorrhage, the structural defects in the bloodvessels was more limited than it was in hæmophilia.

MEDICAL OFFICERS OF SCHOOLS' ASSOCIATION.

THE annual meeting was held in the Medical Society's Rooms on Wednesday, April 18th, Dr. T. Fuller, President, in the chair.

Dr. ALDER SMITH reported that nearly six hundred copies of "The Code of Rules for the Prevention of Infectious Diseases in Schools" had been sold and distributed since the last meeting in January; and that the following gentlemen had joined the Association: Dr. Richards, of Winchester; Dr. Newsholme, of Clapham; and Mr. Brudenell Carter. The following members were elected on the Council in the place of four retiring: Dr. Briggs, of Harrow; Brigade-Surgeon Clarke, of Sandhurst; Dr. Fletcher, of Highgate; and Mr. O'Brien Jones, of Epsom College.

Dr. Withers Moore, of Brighton, and Dr. Littlejohn, of London, were elected members of the Association; and Dr. Thorne Thorne as the first honorary member.

Mr. BRUDENELL CARTER then read a paper on Eyesight in Schools. The author commenced by setting forth the great importance of the question, not only to the scholars of the present generation, but also, possibly, to their descendents, and dwelt upon the necessity of caution in arriving at any conclusions upon the subject. He then proceeded to describe at length the peculiarities of the several conditions of refraction, emmetropia, hypermetropia, myopia, and astigmatism, the signs by which they were recognised, the sources of error in diagnosis, and the effects upon vision and comfort which they respectively produced. He discussed the view maintained by Donders, of the essentially diseased condition of the myopic eye; and showed that, although not universally correct, it was correct in the majority of instances, especially in all those in which the myopia was progressive in its character. He referred to a doctrine lately put forward by Mr. Berry, to the effect that increase of myopia might be regarded merely as a consequence of physiological growth, and showed this view to be incompatible with the clinical history of the affection, and also with the normal rate and amount of growth in the eye. After glancing at the original statistics by which Cohn, in 1867, called attention to the prevalence and progressive increase of myopia in German schools, he said that Cohn's investigations had now been repeated in various parts of the world by at least forty observers, and upon at least 50,000 children; and that, while different observers brought out different results as regarded the relative prevalence of various forms of defect, yet that all were agreed in maintaining the accuracy of the general principles which Cohn had laid down. In England but little evidence had been collected, although Mr. Priestly Smith had found 5 per cent. of myopia in Board School children, and 20 per cent. among pupil teachers taken mainly from the same class; while Mr. Adams Frost had found about 20 per cent. of myopia among London Board School children. Still, these figures, although confirming those obtained in other countries, were not sufficient to serve as a foundation for practical deductions; and the author proposed to rest his case chiefly upon the results published by a medical committee in Philadelphia, a committee presided over by Dr. Risley, and which appeared to have conducted its inquiries with exceptional diligence and care. After giving an account of the methods pursued by this committee, the author cited their figures to show that the increase of myopia, which seems to occur in all schools, occurred mainly at the expense of the hypermetropia and the astigmatism; and he drew the inference that these eyes were especially vulnerable, and that they required to be watched over during the progress of school life. He then proceeded to criticise in detail some observations recently published by Mr. Roberts, which purported to give the results of an examination of the eyes of the boys at Marlborough College, and endeavoured to show that these results afforded no support to the encouraging conclusions which Mr. Roberts had drawn from them, and that they only showed a great and lamentable prevalence of defective vision in the school. Finally, he dwelt upon the necessity of paying attention to the early signs of ocular discomfort in young children, whether at home or in preparatory schools, or in the junior classes of large schools, and expressed a hope that the members of the Association would make inquiries into the facts of the case, and would place themselves in a position to give utterance to opinions which would rest upon the solid basis of knowledge. The paper was illustrated by numerous figures and diagrams.

A discussion followed, and the meeting adjourned after a vote of thanks to Mr. Brudenell Carter for his paper.

MIDLAND MEDICAL SOCIETY.

AT the meeting held on April 1st, Mr. T. H. Bartleet, President, in the chair,

Mr. H. BRACEY showed a case of Myxœdema. The patient, a woman aged fifty-seven, presented all the usual symptoms of the disease. Her sister died last June of myxœdema in a London infirmary. The patellar reflexes in this case were increased, and the urine contained a trace of albumen.

Mr. J. W. TAYLOR showed an Instrument for Dilating the Cervix Uteri.

Mr. CHAVASSE exhibited a patient, aged nineteen, who had suffered from Necrosis of the Radius ever since he was an infant. Sequestrotomy had been performed nine times, as latterly the symptoms seemed suggestive of myeloid sarcoma; the entire radius was excised a year ago. The patient had now a useful limb, being able to feed and wash himself, and carry an ordinary bucket.

Dr. GARMAN showed Crystals of Leucin and Tyrosin from a case of acute yellow atrophy of the liver.

Dr. SUCKLING showed a boy who had suffered from Pachymeningitis Cervicalis Hypertrophica. The disease began three years ago with rigidity of the neck, shooting pains along the great occipital and other nerves, followed by paralysis of both upper extremities with rigidity, the hands being strongly flexed on the fore-arms. Paralysis with rigidity of both legs followed. The patient had been under Dr. Suckling's care for two years, and recovered entirely, with the exception of a little twitching of the left knee.

Dr. SUCKLING also showed a man suffering from Perforating Ulcer of the Foot, which was the first symptom of locomotor ataxy. There were two sinuses, one on the under surface of each great toe, opposite the phalangeal joint, which did not lead down to dead bone. The patient had suffered from these sinuses for two years. Dr. Suckling saw him about twelve months ago, when there were no signs of locomotor ataxy; but when examined last March loss of patellar reflexes, swaying movements, and the Argyll-Robertson pupil had supervened. There was no anæsthesia or sweating of the feet.

Dr. NEALE showed an Instrument for Irrigating the Uterus, made of vulcanite, the chief object of its design being to combine in one piece the smallest injecting-tube with as roomy an ejecting one as possible, so as to allow of the immediate removal of débris from the uterus. The makers are Messrs. Woodall, York.

Mr. H. LUPTON read a paper on a case of Intra-cranial Hydatid. The patient, a girl aged thirteen, had noticed a swelling on the head for about twelve months, which, after discharging purulent material, subsided, and refilled again repeatedly. Mr. Lupton at first thought he had to deal with a suppurating cyst, and proceeded to operate with the intention of dissecting out the cyst wall, but no cyst was to be found. The bone was rough, and an aperture was felt leading into the skull. The hole was just large enough to admit the tip of the little finger, and when the finger was withdrawn it was followed by an ounce or two of fluid, and about a dozen daughter hydatids. The cavity was washed out and drained; daughter cysts occasionally came away, but in about a month the cavity ceased discharging. The hole in the skull closed up, and the girl got perfectly well. The site of the perforation was close to the occipital protuberance.

Dr. HEADLEY NEALE read a paper on the Germ Theory of Phthisis, pointing out the difficulty of harmonising the theory of the micro-organismal origin of the disease with the well-established fact of its heredity, the arguments employed pointing to the conclusion that physico-chemical changes must precede the botanical aggression. The

subject of the antiseptic treatment of phthisis was touched upon, the author drawing attention to the difficulty of applying antiseptic material topically to the air vesicles and their phthisical contents.

WEST HERTS MEDICAL ASSOCIATION.

THE seventy-fourth annual meeting of the above Association was held at Watford on the 8th ult. Twenty-four members were present. The President, Dr. P. Hood, in the chair.

Dr. C. E. SAUNDERS read a paper on Cholera, its Cause and Method of Propagation. The author referred to India as the home of cholera, and gave some chronological account of its early history in that country. He traced its advance in 1817 to parts of Europe, and in 1831 to England, where it remained fourteen months; the next visitation was in 1848-49, then in 1853-54, and the last 1865-66. Dr. Saunders discussed the various theories that have been promulgated as to the cause of cholera, and showed that many observations, although carefully made, contradicted one another, and from this drew the conclusion that cholera could not occur without its specific contagion, and that meteorological or other conditions had little to do with the dissemination. The one factor constant in all outbreaks was filth in some form or other, and the pollution of water certainly, and possibly other media through this means, with the excreta of cholera patients, which had been conclusively shown to contain the germs. He showed, from the conclusions arrived at by the two international sanitary conferences which had been held at Constantinople and Vienna respectively in 1856 and 1876, that cholera was not carried by the air for any but very short distances from the source of infection, and that no instance of an outbreak had ever been known to occur in less time than it would take a man to travel the distance, or, in other words, that human intercourse was the source of propagation. Dr. Saunders believed that Professor v. Pettenkofer's theory as to the conditions that were necessary for the naturalisation of cholera was worthy of great consideration. Pettenkofer believes that a soil permeable to air and water and containing much organic matter, with a fluctuating subsoil water, are essential conditions for cholera propagation. Although it was probable that the cholera poison was of the nature of a microbe which was swallowed in water, the author considered it was premature to accept the belief that Koch had discovered the bacillus on which cholera depended. Dr. Saunders insisted that cholera was a disease *sui generis*, and that it was mischievous and misleading to use that term for any but Asiatic cholera, and especially objected to diarrhœa being qualified by the prefix choleraic. In conclusion, he laid down rules for the hygienic management of a case of cholera, especially alluding to the precautions necessary to be taken in dealing with the excreta, and the best method of disinfection, enjoining the use of a perfectly pure water and food free from suspicion of contamination, and urged that the safest thing to do if a case of cholera occurred was to cause a revolution of all pre-existing domestic arrangements so far as concerned those persons who remained well, with a view of preventing further extension of the disease while an investigation was being made into the cause of the first outbreak.—In a discussion which followed, Mr. Cayley gave his experience of twenty-seven years of practice in India. He gave most valuable information as to the treatment of the disease, and considered that in the comma bacillus of Koch a valuable means of diagnosis was to be found. The President, Dr. Brett, and Mr. Stradling joined in the discussion.

Mr. FISHER showed some photographs of an interesting case of Ichthyosis, which had greatly improved under treatment.

WATER-SUPPLY OF EPPING.—Last summer and autumn there were fully forty cases of diphtheria at Epping. The only water to be had in outlying parts of the parish was obtained from ponds, which in many instances had become absolutely putrid during the drought in summer; samples of such water were green and opaque. Some fresh wells were immediately sunk, and the water-mains of the East London Company were extended to Chigwell-row. Great difficulty still exists with regard to the water-supply of the town of Epping.

Reviews and Notices of Books.

Louis Pasteur; his Life and Labours. By his SON-IN-LAW. Translated from the French by Lady CLAUD HAMILTON. London: Longmans, Green, and Co. 1885.

AMONGST all the eminent men assembled last year at Edinburgh to receive honorary degrees and take part in the ceremony whereby the University signalised its tercentenary, there was no one who was more enthusiastically welcomed than M. Louis Pasteur. It was a striking testimony to the appreciation of his indefatigable labours in the cause of science and humanity, work which has in so many directions overturned accepted beliefs, and has done even more in the way of opening up new and well-nigh inexhaustible fields of research. It is, then, with peculiar pleasure that we have read this record of his life, which shows how he was led from one point to another, and how the chemist was by reason of his chemical studies compelled to become in turn the biologist and experimental pathologist. The memoir is from the pen of M. Radot, the son-in-law of the *savant*, one who has lived long in intimacy with Pasteur, and, as he charmingly relates in the preface, whom he prevailed upon to be permitted to undertake the welcome task. And it is to Professor Tyndall that we owe the appearance of the English translation, which was entrusted to a most careful hand, of this "Histoire d'un Savant par un Ignorant," to which Professor Tyndall has prefaced an introduction that admirably surveys the whole theme. Pasteur's first great discovery was in chemistry—viz., the discrimination of the tartrates and paratartrates by the difference in their behaviour to polarisation; but, as Professor Tyndall shows, his generalisation from this discovery, as establishing a line of demarcation between the inorganic and organic kingdoms, has not been verified. It was, however, in the studies of the properties of the tartrates that Pasteur was led to his greatest discovery of fermentation being due to the action of living organisms—a discovery from which so much has issued, not only in the interpretation of chemical processes, but in those of the living body in health and disease. It is impossible yet to say how far-reaching that law of fermentation is, for from it have flowed all the researches upon morbid germs and infective disease, which daily multiply in number. Pasteur's own life-pursuit was dominated by the ideas that arose from the facts which replaced for chemical phenomena the fact of the intervention of living organisms. Hence he was engaged in the now historical controversy with the naturalist Pouchet upon spontaneous generation—a controversy which has been so completely settled that it is now almost forgotten. It was a curious thing that the chemist should have had to contest the truth of the doctrine that living things can only arise from life, whilst the biologist was contending that inert matter could become endowed with attributes of vitality; but the whole question turned upon delicacy of experimentation and accurate deduction from such experiment, and no wonder that the victory remained with the former. But this controversy was but an incident in the life of the experimentalist. His studies on the diseases of wine and of beer, resulting in simple measures for ensuring the purity of these articles, did much for commerce; but most of all in its direct practical utility was the issue of his prolonged and patient labour in unravelling the causes of silkworm disease, which threatened a whole industry. The description of his work on this subject is as readable as a romance, and the gratitude of France was well earned. It was on the completion of this work that Pasteur was attacked with paralysis, but, happily for humanity, he regained his health and resumed his researches with unabated energy. Splenic fever, septicæmia, fowl cholera, the discovery of the vaccine of

splenic fever and its practical application,—these and other researches alone would make his name famous. Throughout it all he has met with opposition, but his opponents have almost invariably had to admit they were in error. Even upon the question of anthrax vaccination, which Koch assailed, the issue of the controversy has been, not to invalidate the efficacy of such protective inoculation, but only to place a limit upon its period of protectiveness. It is to be deplored that the author of the memoir should have done Koch such scant justice; for it is doubtless true that it was his researches upon the bacillus of anthrax that stimulated Pasteur to study the subject. The work to which Pasteur has been devoting himself for the past two years—namely, the prevention of hydrophobia—forms the subject of the last chapter of the book, which closes with an anecdote describing Pasteur summoned to see two dogs in the last stage of the disease. One, a large bull-dog, was secured to the bars of the iron cage in which he was kept, and there "the dog, suffocating with fury, his eyes bloodshot, and his body convulsed with a violent spasm, was extended upon a table, and held motionless, while Pasteur, leaning over his foaming head, at the distance of a finger's length, sucked up into a narrow tube some drops of the saliva. In the basement of the veterinary surgeon's house, witnessing this formidable *tête-à-tête*, I thought Pasteur grander than I had ever thought him before."

OUR LIBRARY TABLE.

Cruise of the "Alert": Four Years in Patagonian, Polynesian, and Mascarene Waters (1878-82). By E. W. COPPINGER, M.D., Staff Surgeon, Royal Navy, C.M.Z.S. London: W. Swan Sonnenschein and Co. — Naval surgeons on foreign, and especially on tropical, stations have ample opportunities for making valuable original researches in various departments of natural history, and the number of those who have availed themselves of such opportunities is considerable. When it was decided by the Admiralty to send out a vessel to survey the Straits of Magellan, certain doubtful reefs and islands of the South Pacific, and part of the northern and western coasts of Australia, Dr. Coppinger was specially selected for the medical charge on account of his knowledge of and interest in natural history. The volume before us embodies the results of his observations, related in a pleasant and interesting account of the voyage. Though the work can only be fully appreciated by an accomplished naturalist, it is full of interest to the general reader, and contains, scattered here and there, several valuable anthropological and medical facts which are specially interesting to the members of the profession. For example:—"We arrived at Talcahuano, one of the most interesting of the Chilian ports, on the morning of the 20th of April, and were surprised and grieved to hear that a severe epidemic of small-pox prevailed at the town of Concepcion, some nine miles inland. The epidemic had begun in January, and we were informed by Mr. Elton, the British Vice-consul, that since then no less than 1500 deaths had occurred, the mortality of those attacked having been at the extraordinarily high rate of 90 per cent." Of some aborigines he saw on the N.W. coast of Australia, Dr. Coppinger says:—"The nose was aquiline, with broad alæ nasi, and having the septum perforated for the reception of a white stick like a pipe-stem; the upper lip, cheek, and chin were furnished with a moderate growth of hair; the teeth were regular—no incisors removed; trunk and extremities almost devoid of hair; the skin of the arms, chest, and abdomen, was decorated with cicatrices, which stood out from the skin in bold relief, having the form and consistency of cords. On the arms these scars were disposed in parallel vertical lines, while on the chest and abdomen they were in horizontal curves. Dr. Morice informed me that these ghastly decorations were produced in some way unknown, by means of a sharp-cutting instrument, and that no foreign substance is introduced into the wound. He had been unsuccessful in all his efforts to ascertain how the peculiar raised and indurated character of the sore is produced." The question here propounded may perhaps be regarded as worth attention by pathologists. The work is well printed and well got up, and contains many good illustrations. If a map could have been included, the intelligent perusal would have been greatly facilitated, as few persons know much of the geography of the places described, and even a good ordinary atlas affords but little of such information.

Injuries of the Spine and Spinal Cord. By HERBERT W. PAGE, M.A., F.R.C.S. Second Edition. London: J. and A. Churchill. 1885.—When Mr. Page's book first appeared we noticed it at some length. The first edition has been soon exhausted, and Mr. Page has been well advised in republishing it. The changes and alterations in the edition before us are not numerous, and the additions are few and not very important. We deem it unnecessary, therefore, to deal at length with the present volume, but we may repeat that it contains a valuable amount of information on the subject upon which it treats. The amount of matter in the present volume is as nearly as possible the same as in the last, but the size of the page and of the type has been slightly reduced, and the weight to hold in the hand while reading has been greatly lessened. This is a gain which authors are too apt to make light of in the present day.

The Student's Guide to the Medical Profession. By C. B. KEETLEY, F.R.C.S. Second Edition. London: Baillière, Tindall, and Cox.—To the second edition of this work additions have been made which more than double the size of the book. They include chapters on Drawing, on Student's Societies, on Provincial Schools, on Scotch and Irish Schools, on the Army and Indian Medical Services, on Lunacy Work, and other important subjects. Considerable pains must also have been taken to collect the information given in the chapter entitled "The Conditions under which Pupils are taken at the Provincial Hospitals." In the list of the several legal qualifications and honorary degrees obtainable, including the minimum qualification to practise (given on p. 17), we notice one serious omission: the diploma of L.R.C.P. Lond. is not mentioned, an error which will doubtless be rectified in another edition, which will probably be soon called for. The work supplies a need, and can be consulted advantageously by all who intend to devote themselves to the practice of medicine.

Archives Italiennes de Biologie. Tome VI., Fasciculus 2.—This number contains the following articles:—1. Clinical and Physiological Researches on Paraldehyde, by V. Cervello. 2. On the Physiological Action of Antipyrin, by F. Coppola. 3. Perimetry and Self-registering Perimeters, by L. Ferri. 4. On the Action of Common Salt on Cercaria and their Desiccation, by E. Perroncito. 5. On Cicatrisation of Wounds of the Kidney, and on the Partial Regeneration of that Organ, by G. Pisenti, with a plate. 6. On the Presence of Albumen in the Saliva and Bile of Albuminuric Patients, by M. Dessalles. 7. Researches on the Air-sacs of Birds, by E. Ficalbi. 8. On Numerical Anomalies of the Semilunar Valves, by G. Martinotti and G. Sperino. 9. On the Microphytes of the Normal Human Skin, by G. Bizzozero, with a plate. 10. On the Organ of Corti in Monkeys, by A. Tafani, with eight figures in the text. 11. Notes on the Anatomy of the Negro, by G. Giacomini, with two plates and three figures in the text.

Transactions of the American Ophthalmological Society. Boston: Published by the Society. 1885.—This volume contains an interesting record of the following cases:—Hysterical Monocular Blindness with Violent Blepharospasm and

Mydriasis, by Dr. Harlan; Neuro-retinitis with almost sudden Loss of Sight in both Eyes, by Dr. Knapp; Hereditary Atrophy of the Optic Nerves, by Dr. Norris; Myxo-sarcoma of the Orbit and Osteoma of the Orbit, by Dr. Norris; Glioma of the Retina, by Dr. Little; Myxœdema with Atrophy of the Optic Nerves, by Dr. Wadsworth; Multiple Colobomata of the Iris, by Dr. Mittendorf; Hypermetropia passing into Myopia, with symptoms simulating general Nervous Disease, by Dr. Risley.

Analytical Records.

[WE think it right to direct attention to the system we adopt in the conduct of this department. Of the numerous articles of food and medicine submitted to us for analysis we select such as we think important to the medical profession and the public. Samples of these are bought by us in the ordinary way, and the results of our examinations reported.]

CARNRICK'S PEPTONISED COD-LIVER OIL AND MILK.
(MALTINE MANUFACTURING COMPANY.)

THIS is an exceedingly perfect emulsion of cod-liver oil and condensed milk, the oil-drops appearing under the microscope no larger than the granules of wheat starch. When the oil and fat are removed by ether and a drop of potash, a liquid remains which coagulates with acetic acid, and is evidently modified casein. This emulsion shows no tendency to separation. It has little of the disagreeable taste of the oil, and will be taken with ease by many who cannot digest pure oil. It is certainly a valuable and trustworthy preparation.

KING'S WHEATEN FLOUR FOR INFANTS.
(ALBION FOOD MILLS, SYCAMORE-STREET, E.C.)

This preparation is described on the wrapper as "prepared solely from the finest wheat," and is stated to be "free from any chemical additions." So far our analysis confirms the description. But when it is added that the flour is "thoroughly cooked by a new and improved patent process," we confess ourselves puzzled, for a great part, if not all, of the starch is ungelatinised. We notice that in the directions for use the addition of boiling milk or water is insisted on. This, of course, amounts to cooking.

BROWNING AS A SCIENTIFIC POET.

ON Friday evening, April 24th, Mr. Edward Berdoe, M.R.C.S., read a paper at University College, Gower-street, before the Browning Society, on "Browning as a Scientific Poet." The paper opened with an exhaustive argument to prove that the progress of science need not, as some had said, tend to the destruction of the poetic art; that, in fact, some of the greatest poets had enriched their verse by the study of natural phenomena—Lucretius, Haller, Milton, and Goethe, and in our own times Tennyson and Browning, while students of natural and physical science had not found their exact acquaintance with natural laws impede the luxuriant growth of their poetic fancy. In fact, to interpret Nature faithfully, she must be approached by a mind neither wholly scientific to the exclusion of reverence, nor wholly poetic to the exclusion of knowledge. Many of Browning's most beautiful similes were the result of his intimate acquaintance with anatomy, physiology, and chemistry; and the use he constantly makes of figures drawn from the science of optics has enabled him to illustrate his favourite optimism by much beautiful imagery. Tyndall claims for the scientist that "his imagination does not sever itself from the world of fact," and the poet of the future will be denied his former "power of dealing capriciously with facts," but this restraint, Mr. Berdoe argued, would not repress the poetic spirit. In the poem "Easter Day" Browning seemed to have anticipated by five years Herbert Spencer's theories of the evolution of the first rudiments of nerves in Medusæ along the lines of least resistance, as the following lines seem to show:—

> "Thy choice was earth; thou didst attest
> 'Twas fitter spirit should subserve
> The flesh, than flesh refine to nerve
> Beneath the spirit's play."

Tyndall's suggestion, that two-thirds of the rays of the sun fail to arouse in the eye the sense of vision because of its present imperfection, affords Browning, in "Jochanan Hakkadosh," an argument against the assumption that our reason is sufficient for the complete comprehension of the great problems of life, the soul, and God. Browning's splendid rehabilitation of the character of Paracelsus should earn him the gratitude of the medical profession. The poem may fitly be called the "Epic of the Healer." He speaks as lovingly of the human hand as Sir Charles Bell, and rebukes those who refuse belief in God because they cannot find Him with their microscope and scalpel:

> "The name comes close behind a stomach cyst;
> The small becomes the dreadful and immense."

"You cannot find soul?" he asks. "Show me an atom! You cannot believe in immortality? But an atom is immortal! You want scientific faith? It is absurd—would not be faith. Do you understand gravitation? The exhausted air-bell of the critic leaves no air to poison, and none to breathe!" His Göttingen Professor, in "Easter Day," reduced the Pearl of Great Price to powder for purposes of analysis. Sweep it, then, to the dust-hole? No! religiously preserve the remains! This is what modern Agnosticism and Comtism is doing with Christianity.

Mr. Berdoe, in conclusion, claimed for Mr. Browning that he is essentially the poet for the scientific man; abreast of the highest culture of his time, in close touch with the great aims of science, he knows its limits, and tells us we may

> "Confidently lay to heart, and lock in head our life long this—
> He there, with the brand flamboyant, broad o'er night's forlorn abyss:
> Crowned by prose and verse; and wielding, with Wit's bauble learning's rod.
> Well? Why, he at least believed in Soul, was very sure of God!"

THE UNIVERSITY OF DURHAM.

To the Editor of THE LANCET.

SIR,—May I be allowed to make one or two corrections in regard to the notice of the Durham University given by your Northern Counties correspondent in your issue of the present week? 1. No alteration has been made in the regulations which have for several years been in force with respect to the Preliminary Arts Examination. 2. No alteration has been made in the regulations affecting candidates for the Final Examinations for the degrees in Medicine, nor in those which concern the one year's "residence," or attendance on lectures and hospital practice. 3. The curriculum, &c., for the licence in Medicine have for many years past been identical with those for the degrees in Medicine; thus the licence has for a long time been merged in the degree, in fact, since the necessity for the possession of an Arts degree, or its equivalent, by candidates for the degrees in Medicine has been done away with. 4. The alterations which were made in Convocation (not "convention") in the University on April 11th consist in a rearrangement of the subjects of the earlier portion of the curriculum, and are briefly as follows—viz.: (*a*) Instead of a single First M.B. Examination in Anatomy, Physiology, Chemistry, and Botany, there will be two examinations, the first including Elementary Anatomy and Physiology, Chemistry, Chemical Physics, and Botany; the second (intermediate) including Anatomy, Physiology, Materia Medica, and Pharmacy (the last two subjects being removed from the Final Examination altogether). (*b*) The First Examination of the Conjoint Board in England of the Royal Colleges of Physicians and Surgeons will be accepted in lieu of the First Examination of this University, except in regard to Chemistry; and the First and Second Examinations of this University will be accepted by the Conjoint Board in place of the First and Second Examinations of the Boards. These are the only alterations which have been made.—I am, Sir, yours faithfully,

LUKE ARMSTRONG, M.D.,
Registrar of the University of Durham College of Medicine.

University of Durham College of Medicine,
Newcastle-on-Tyne, April 25th, 1885.

THE LANCET.

LONDON: SATURDAY, MAY 2, 1885.

THE meeting of the General Medical Council approaches, and is likely to be one of more than usual importance to medical students of the future. There is one consideration which may tend to liberate the Council in its discussion of proposed alterations in its Recommendations, whether as regards Preliminary Education or the Final Examination of medical students—namely, this: the supply of medical students is so ample, so much in excess of what is required to meet vacancies in the profession, that the regulations affecting both education and examination will bear to be much strengthened before any risk is run of starving the profession or leaving the public in that plight feared by Sir LYON PLAYFAIR, when the sick will not be able to have a physician on account of the scarcity of that craft. We have before us the Medical Students' Register for 1885, and amongst its multifarious contents of interest to those concerned in medical education is a table giving the number of medical students registered last year, and for every preceding year since, and inclusive of, 1864. We may explain, for the benefit of our older readers, that no medical student can be registered as such until he has passed a Preliminary Examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study. The numbers, therefore, which we are about to give are of those who have succeeded in passing one of the Preliminary Examinations of the fifty or sixty bodies recognised by the General Medical Council. We may remind our readers that the natural waste of the profession by death is under 600. If to this we add another hundred as representing those whose deaths have not been reported to the Registrar, or who, not having died, have retired or in some way dropped out of the Register, we may have some idea of the numbers required to keep up the present supply of medical men.

The number of medical students registered in 1884 was 1957, as against 1783 in 1883, and 1862 in 1882. If we divide the period of twenty years into four periods of five years each, we get the following as the average number of medical students annually beginning their curriculum: From 1865 to 1869 inclusive there was an annual registration of 908 students; from 1870 to 1874 inclusive, of 1263 students; from 1875 to 1879 inclusive, of 1643; from 1880 to 1884 inclusive, of 1975. Thus it appears that there is an increasing rush towards the medical profession. The rush is not quite steady and regular. Three or four years ago the annual number for two or three years was a little more than it was last year. But, dividing the periods quinquennially, it is clear that a great increasing number of youths look towards the profession as a calling. No doubt many of them never succeed in getting a qualification. From failure in examinations or in fortune, from defective ability, or, much more commonly, defective industry, they do not reach the goal for which they set out, and they either fall out of the profession altogether, or hang on to its skirts in the unsatisfactory form of unqualified assistants. The point of this interesting table, carefully made up by Mr. MILLER, is that the Council has 1975 students a year to legislate for, and that it does not need half that number of students to be qualified annually in order to keep up the waste of the profession. We do not approve of the favourite pastime of the Council—that of always considering and altering the regulations of preliminary and medical education. It is exceedingly harassing to students and inconvenient to schools and teachers of medicine. Moreover, it does not tend to raise the Council in the respect of either students or teachers. But as there seems an intention to deal at the approaching meeting in some radical and serious way with fundamental principles in regard to preliminary and medical education, it is well to know that without any risk both the preliminary and final tests can be made more severe. If men are to be arrested in the process of entering the profession, the sooner the better. "Had it been early, it had been kind," might many a man say who is allowed to advance only so far in a medical career as to discover his unfitness and incompetency when it is too late. If the preliminary tests were of a thoroughly satisfactory kind they would tend greatly to diminish the subsequent rejections. We repeat, if a man is to be rejected, the sooner the better, and better in the preliminary stages than in the advanced ones. There is so much competition nowadays for students, such a rivalry of schools and examining boards, that there is constant danger of the Medical Council, in which school and examining board "interests" are so excessively represented, forgetting the great interests of the public and of the profession. We have shown by the Students' Register that there is no excuse for laxness of examinations on the score of defective supply of students, but, on the contrary, every encouragement to carry higher the standard of preliminary and medical education.

IT is much to be regretted that the Earl of SHAFTESBURY, whose name can never be mentioned in connexion with lunacy without the highest respect, has not found it possible to accept the principle of magisterial authority for the incarceration of a "lunatic" in an asylum, and rather than do so has resigned his position as Chairman of the Board of Commissioners. We attach the greatest moment to this new mode of procedure, and believe it will be found to afford a better safeguard against abuses than even its promoters anticipate. Altogether the Bill before the Lords is an admirable measure. The Earl of MILLTOWN, who has already done so much real service in this matter, and to whose efforts we mainly owe the fact that the subject has been seriously taken in hand by the Government, did not speak too warmly when he complimented the Lord Chancellor on "the ample way in which he had fulfilled the promise he had made last session." If the Earl of SELBORNE will only consent to modify a few of the minor points in the scheme as drawn—for example, shortening the period during which an alleged lunatic may be confined on an emergency certificate, and compelling the Commissioners to carry out their examination *before* they chance to find it "convenient" to do so, the reform effected will be such as to render the law of lunacy in the

main satisfactory. As to the private asylums, we think matters will adjust themselves before long. Those houses which are actually needed will be maintained; but the provision made by the county authorities will soon be sufficiently great to meet all ordinary demands, and the cheaper sort of "licensed house" will cease to be a profitable speculation. It is a most satisfactory feature of the reform to be effected by this Bill, that committees of public asylums will be able to ease the burden on the rate-payers by receiving private patients. This provision will tend greatly to encourage the gradual replacement of private by public asylums, which is so much desired. At the same time, it must not be forgotten by the Lord Chancellor, and we are sure the Earl of MILLTOWN will not lose sight of the fact, that as soon as they begin to take in paying patients, the committees of public asylums will themselves become "keepers of private asylums." This is a very important consideration. It must not be assumed that committees are immaculate. At this moment some of the larger private asylums are managed by committees composed of men whose social position is such as to inspire the highest confidence, and yet, in spite of this, the allegations of undue detention in these very asylums are fully as many and as damaging as any which have been brought against the proprietors of the smaller licensed houses. We are not making this statement without reason. It follows that the provisions of the Bill should be strengthened in regard to the reception of lunatics under emergency certificates. It was stated in evidence before the Select Committee of 1876, and we are still prepared to maintain the statement then made, that even forty-eight hours in a lunatic asylum may suffice to convert excitement in a neurotic subject into actual mental derangement which may afterwards resist all remedial efforts. Therefore we contend that the folly of allowing a patient to remain a month or more, or even *seven* days, without examination by a competent and impartial authority stands confessed on the face of the proposal. The next stage of the Bill is fixed for a fortnight hence. Let us hope that in the meanwhile the Lord Chancellor will see the wisdom of amending the faulty details of a measure which in principle, and as far as it goes, is as satisfactory as could be expected or desired.

OUR readers are well aware of two things in reference to medical education in the United States. First, that it has hitherto been conducted on very free and easy principles; and, secondly, that earnest efforts are being made by good men and true in all the States to abate the scandals of medical education, and to bring it under some public and responsible authorities comparable with those which regulate it in all other civilised communities. An instructive prospectus on this subject has just been issued by the Illinois State Board of Health, with the help of which we shall try to elucidate for the benefit of our readers the real condition of things in the States, not so much with the view of finding fault as of supporting and helping those who endeavour to bring about a better state of things. The Illinois Board of Health proceeds under an act of the State called the Medical Practice Act, and publishes a schedule of minimum requirements. Diplomas from colleges which give evidence of an actual and *bond-fide* compliance with this schedule are accepted unconditionally. Diplomas from those which do not are required to be supplemented by an examination before the Board on the branches or subjects of the schedule omitted by the colleges in question. The schedule requires—1. Certificates of moral standing. Diplomas of graduation from a good literary and scientific college or high school; failing this, a thorough examination must be passed in mathematics, English composition, and elementary physics or natural philosophy. 2. Instruction in ten subjects or branches of medical science. 3. The length of regular or graduating courses or sessions to be five months, or twenty weeks, each; and two full courses of lectures, not within one and the same year, are required for graduation with the degree of Doctor of Medicine. 4. Regular examinations are to be made by each lecturer daily, or twice a week at least, and final examinations, where practicable, by competent examiners other than the professors in each branch. 5. Dissections and hospital practice during two terms. 6. The time of professional studies to be not less than three full years before graduation. 7. Each college must show that it has a sufficient and competent corps of instructors and facilities for teaching.

Such is the standard of medical education in one of the States which have confided the regulation of medical study to a Board of Health. It will not be thought exacting in its demands. But of 47 colleges which have claimed to have their diplomas recognised by the Board, only 26 were found to have regulations satisfying its requirements. The state of medical education in the United States is one of the illustrations of the disadvantage of a strong central government. Each State is a law to itself, and in many States it seems possible for any group of needy or adventurous physicians to form themselves into a medical school—otherwise a diploma-mill. The extent to which this evil has attained may be gathered from the fact that a total of 234 different medical institutions are given in a list in this pamphlet, dating from the year 1765. There are now in existence no less than 128 such bodies. Excluding 12 in Canada, there remain 116 in the United States, which for 38 States gives 3 per State. Among the extinct schools there are 54 out of 153 regular, 7 out of 20 homœopathic, 12 out of 24 eclectic, and 6 out of 10 physio-medical and miscellaneous. Out of 18 fraudulent institutes, 17 happily are now extinct. The "Boston Bellevue" is the only one of this class remaining. These figures are very significant. They show the mushroom-like growth and death of these "colleges." The harm done by them is incalculable. The competition engendered makes it very difficult for the more organised and recognised schools to maintain a high standard. The most absurd particulars are given of the devices resorted to for catching students. Personal solicitations, low fees or no fees, and the certainty that a diploma may be obtained on a minimum of knowledge and education, general or medical, are all enlisted. We are threatened in this country with a form of Parliamentary government where freedom may be prized above knowledge and efficiency; but we have not yet reached this depth, and we can only wish our American friends a speedy curtailment of that form of liberty which permits the creation of an indefinite number of schools to issue diplomas legalising the ignorant practice of an art in which a little knowledge is verily a dangerous thing. There

is some hope of this consummation on two grounds. First, the public is deeply interested in the suppression of mere diploma-mills, and in the quality of work done at medical schools; and, secondly, the evil now felt by the medical profession was formerly rampant in the legal profession in New York. Idle and incompetent young men were admitted to the bar in excess of legal business and the legitimate increase of the profession. The Higher Courts took measures to restrict the supply, and ordered that only graduates of certain specified law schools should be eligible for examination after a certain date. The other law schools closed their doors. The profession upheld the courts, and the end was gained. Let medicine take a hint from law. It is only fair to say that there are signs of improvement in the standard and methods of medical education in the States, of which the following are the most important: 102 colleges now exact a matriculation examination, as against 45 in the first Conspectus of the Board of Health; more colleges are requiring longer courses of lectures, and making provision for what are called "graded" courses—i.e., courses which are not mere repetitions of previous courses, but developments of them. We must leave this subject with every expression of sympathy with those who are seeking to abolish fraudulent medical schools and diplomas.

SOME incidental remarks made at a recent meeting of the Pathological Society revealed the existence of the first genuine instance of Actinomycosis in this country. The case occurred, we believe, in the practice of Dr. HARLEY at St. Thomas's Hospital, the post-mortem examination being made by Dr. SHARKEY, and the microscopical examination by Mr. S. G. SHATTOCK, curator of the museum. As the disease in man has only been recognised within the past decade, and as no cases have hitherto been recorded in this country, it is not surprising that but few members of the profession in England should be acquainted with it. A valuable clinical contribution to our knowledge of the affection in man has recently appeared from the pen of Dr. J. ISRAEL.[1] In 1882 Professor PONFICK published an almost exhaustive monograph on the disease, in which most of the facts then known were embodied. From questions which have been addressed to us, we believe that a brief account of the elemental features of the affection will be welcomed by the majority of the profession, to whom the malady is unknown.

The affection is presumably one which is dependent on the presence and activity of a micro-organism. The micro-parasite is a member of the fungoid class, and consists chiefly of a mycelium which divides in a dichotomous fashion, and gives rise by its spread from a centre to a radiate appearance, whence its name—actinomyces—is derived. The circumferential ends of the mycelial sprouts have a flask-shaped swelling. The little masses of felted mycelium may be recognised by the naked eye as sulphur-yellow bodies of about the size of a hemp-seed. The disease which this parasite is supposed to cause may develop in many parts of the body. The most common site appears to be the jaw and parts bounding the mouth. The affection in animals has long been known in this situation under various names, and has been regarded as a form of scrofula and as a new growth. It is believed that the parasite gains an entrance through the medium of a carious tooth or some wound of the gum leading to the jaw-bone. There is but little to be said of the morbid anatomy of the disease. A swelling forms in the jaw, and gradually increases in size. This tumour in its earliest stages may be punctured without any matter being let out, although it generally has an elastic and semi-fluctuating consistence. A section made into a tumour in the early stage of its existence shows a reddish-white area sprinkled in places with gold-coloured granules. Later on abscesses and fistulæ form, in the discharge from which the sulphur-coloured bodies may be seen. Broadly speaking, the tissue of the morbid new growth, which must be regarded as inflammatory rather than sarcomatous, has very much the characters of ordinary granulation tissue. Actinomycosis may occur primarily in the respiratory tract proper, and Dr. ISRAEL makes this class of cases his second group. He narrates a case in which the disease was localised to the bronchial mucous membrane. The patient was a girl aged fifteen, who suffered from the signs and symptoms of chronic bronchitis, with fetid expectoration, in which the actinomyces were readily discovered. Another case of a man, aged twenty, is given, in which the primary localisation of the disease was in the parenchyma of the lung; it was afterwards propagated to the pleura and to the prævertebral tissues. Some of the cases have many of the clinical characters of empyema with discharging sinuses, and in such cases a complex system of fistulæ not unfrequently undermines the morbid tissues. The structures in the posterior mediastinum and prævertebral regions are often affected, and the bodies of the vertebræ may become carious. Dr. ISRAEL makes his third group of cases include those in which the disease begins primarily in the intestinal canal. In some of the cases the foci of the disease are widely disseminated. The liver, spleen, muscles of the back, and muscular substance of the heart have been shown on post-mortem examination to have numerous centres of actinomycosis. Large abscess cavities may form behind the peritoneum as well as behind the pleura, and these may communicate by many perforations of the diaphragm. The symptoms necessarily depend chiefly on the localisations of the disease as well as on its rate of progress, and present therefore extremely varied clinical pictures. Dr. ISRAEL's work contains an account of thirty-eight cases, which number includes all that have hitherto been recorded.

[1] Klinische Beiträge zur Kenntniss der Actinomycose des Menschen. Berlin: A. Hirschwald.

A MEETING of graduates of the Royal University of Ireland, including members of the Parliamentary Committee of the Senate and of the Council of the Graduates' Association, was held last week in the Westminster Palace Hotel, presided over by Sir William Mac Cormac. It was resolved that steps should be taken to press the claim of the University to Parliamentary representation, and a special committee was appointed to carry out the necessary arrangements. This committee will include Sir William Mac Cormac, and Drs. Knight, Jones, Purcell, MacKellan, Henry, Huggard, and Wheeler.

DR. MAPOTHER has resigned his seat on the Council of the Royal College of Surgeons, Ireland, and most probably will be succeeded by Dr. Hamilton.

Annotations.

"Ne quid nimis."

THE WAR IN THE SOUDAN.

THE experiences of our war correspondent in the Soudan will, we are sure, be read with much interest. They give a graphic description of the arrangements at the base for the sick and wounded of our troops, and furnish most gratifying testimony to the care which has been bestowed in making them, and to the intelligence and zeal with which they have been carried out. There were but two matters which did not seem to have been satisfactorily arranged, and, if we mistake not, for neither of these could the officers of the medical staff be deemed responsible. The first was the position of the burial-ground, which was very badly chosen, but after it was found to be a nuisance to the hospital ships it was closed and a new site selected. The other was the repetition of one of the great causes of complaint in the Crimea: the mixing up of the medical stores and hospital equipments with other goods, instead of having them either sent in a vessel specially retained for the purpose, or, at least, having them carefully separated when landed and arranged so as to be easily found when required. Our correspondent bears strong testimony to the admirable manner in which the officers of the medical staff have discharged their duties in the field, as witnessed by him in the disastrous affair of the 22nd of March, when the military commander allowed himself to be surprised, and to the very efficient arrangements for the treatment of the cases in the hospitals at the base. But he sounds a note of alarm on a subject to which we have already called attention—the great risk to be incurred if the troops are kept in the Soudan during the ensuing months of intense heat. Not only is there the probability of a great number of cases of heat apoplexy and of dysentery, but there is the certainty of exhaustion of the vital powers through loss of appetite and deprivation of sleep, which must inevitably destroy the efficiency of the men. The subject is one which calls for the most anxious consideration of the military authorities, and for immediate action if anything is to be done to avert such a deplorable prospect. If any delay occur in coming to a decision on this point, we fear that the ultimate measures will be found to be "too late," as has already been so often the case in the conduct of this miserable expedition.

THE NATIONAL AID SOCIETY.

ATTENTION has lately been called in the daily papers to the proceedings of the National Aid Society in connexion with the campaign in the Soudan. There probably never was an army sent from this country so fully supplied with everything necessary for the treatment of the sick and wounded as the one now serving in the Soudan; nor was there ever one in which the arrangements for that purpose were so successfully carried out. There has been but one opinion expressed by those cognisant of the facts, and competent to judge of the results, and that is, that the work of the medical service in this campaign has been excellently performed, and that the wants of the sick and wounded have been abundantly supplied and their comforts fully attended to. Under these circumstances, it is difficult to understand on what plea the very considerable expenses incurred by the National Aid Society can be justified. The Government has provided most amply both a complete staff of medical officers, nurses, and orderlies, and an ample supply of the necessary medicines and medical comforts. To supplement them from private sources is like sending coals to Newcastle; and if a statement were published of the articles sent out by the Society, we have a strong suspicion they would be found to consist to a great extent of luxuries which it is simply absurd to provide for the class to whom they have been sent. The manner in which this Society keeps itself before the public in the columns of the newspapers would, if followed by any professional person, be put down as quackery of the most intolerable kind, and it is painful to witness the efforts made to gain notoriety for its leaders. If, instead of profuse expenditure in providing luxuries when they are not required, and when the needful comforts are already abundantly supplied by Government, the National Aid Society would turn its attention to the wants of the wives and children left at home, and to the assistance and comfort of the widows and orphans of those who have fallen in the unhappy and mismanaged conflict in the Soudan, they would be doing a work of kindness and charity which would redound to their credit, though perhaps it might not afford so good an opportunity of self-gratulation as the course now pursued. It is alleged in some of the papers that the Society has a large sum of money at its command, and that it has not published any statement of its accounts since 1871. We know not whether this be correct or not, but, if so, we think one of the first acts of Sir R. Loyd Lindsay should be to give an account of his stewardship, to show how much he has spent, how he has spent it, and to justify the course which has been adopted by the Society in supplementing a service which was already quite equal to the requirements. In our opinion it has done serious mischief in shaking the confidence of the soldier in those to whom he is entrusted, and in generating a desire—may we not say a demand—for things which are not only unnecessary but often injurious. We are most reluctant to place any difficulties in the way of showing kindness to our soldiers, but we think far more good could be done by making provision for their families and for those left behind, than in parading great preparations to supply artificial wants—rose-water and eau-de-Cologne—and blowing loud in the streets the trumpets of the leaders of this quasi-benevolent Society.

CREMATION UNNECESSARY AND INJUDICIOUS.

A PAPER read by Sir Spencer Wells at the Parkes Museum has brought again before the public eye the long train of arguments for and against cremation and burial, which we have shortly sketched in former articles upon this question. Some would tell us that there is no longer any question as to the preference to be accorded to urn-burial. Despite the tendency of the late discussion, which was so far an apparent success for the advocates of the newer method that it was almost entirely one-sided, we venture to think that there is still room for much difference of opinion. On sanitary grounds, we can well see how objection may be raised to the continuance of a custom even so long approved, when ignorant malpractice or gross neglect of natural methods have turned the earth of the graveyard into a reeking pit of huddled corpses. Sir Spencer Wells makes much in his paper of certain spots of this kind discovered in Ireland. He regards as impracticable the scheme of the Local Government Board for the better laying out of cemeteries; and he places in contrast with the foulness of ill-conducted burials the refined and classic purity of cinerary urns. These comparisons are within the usual limits of persuasion, but it does not follow that they present equally to the mind both sides of the question at issue. We do not think that the abuse of burial in the earth justifies its abolition, any more than the Indian suttee represents or bans the practice of cremation. It is easy to bury decently, and yet to bring the human clay to earth in a more than figurative sense. If this were done, as it may and ought to

be, no objection which is not purely theoretical and unproved could be urged against it. Decomposition would be allowed and aided, and all communication between the areas of burial and those inhabited by the living could be prevented by appropriate drainage and isolation of soil. The rule and habit of Nature, by which she constantly and faultlessly removes and uses all dead creatures not consumed as food—namely, absolute surrender to the elements—would suffer no further change than that of somewhat retarded action, a change which frequently marks without marring her efforts in this direction. It is idle, therefore, to talk of so many million corpses having to be strewn over the country in a single generation. Long before the end of half that term the buried dead, if not pulverised by decay, would have ceased to yield sustenance to the germs of mortal change. The medico-legal aspect of cremation has been so often discussed that little remains to be said about it. The recent combustion of a body at Woking, it is important to note, was preceded by an autopsy. The necessity for this precaution, and the further analyses to which it may give rise, are not likely to weigh greatly as objections with those who contemplate the future incineration of their bodies. Post-mortem examination offers but trifling violence to the person in comparison with the fire of the crematorium. However this may be, it is clear to our minds that no less decisive measure can compensate the criminal law for the loss of the evidence of fact which it must otherwise occasionally sustain in the total destruction of the dead by fire.

BULLYING AT SCHOOL.

THE death of a little boy, aged twelve years, through injuries received from blows on the spine from a dozen or so of the bigger pupils at King's College, has led to an inquest, with a verdict of "Death by misadventure," the jury adding the following rider: "That the attention of the authorities at King's College should be called to the evident want of supervision over boys during the interval of school hours, which, in the opinion of the jury, led to the death of Charles Fisher Bourdas." The coroner, in summing up, strongly deprecated the rough play that prevails in almost all schools. We have good reason for stating that the cruelty of bigger boys to little boys is not confined to "rough play," but that a system of bullying prevails out of class hours, of which the masters at schools are as ignorant as the head master of King's College, in his evidence, admitted himself to be of the cruel practices of his own pupils. When the work of the class is over the form master turns his pupils loose, and considers his responsibility at an end. There is always a strong resistance exhibited by the form master against an attempt on the part of the head master or the governing authority to impose on him any responsibility for the conduct of his pupils out of class. Indeed, the governing authority of a school is a nonentity in matters of discipline, and it rests with the head master to make the best arrangement he can for the good conduct of his pupils in the intervals of class. As a rule this duty is imposed on the senior boys or prefects of the school. The head master, as well as assistant masters, usually, are intentionally ignorant of the methods adopted by the elder boys of the school to maintain, out of class, discipline among the younger pupils. The strictest secrecy is preserved, and no point of schoolboy honour is more rigidly maintained than the principle of not "splitting" either to masters or friends. In fact, so rigidly is this observed among most schoolboys that if masters institute an inquiry the schoolboy code of honour not only justifies him in suppressing the truth, but even in telling a lie to screen his school companions. It is, therefore, exceedingly difficult for the head master to become acquainted with the practices of his school, and the ignorance displayed by the head master of King's College in this respect is no more than prevails among all head masters. This, nevertheless, is no justification of the grave defects of discipline which lead to cruelty and oppression of the weaker and younger boys. Something more is wanted than mere prefectorial supervision, the authority of which has to be maintained by harsh and unfeeling treatment, accompanied often by cruel blows and kicks, or, as at one of our public schools, by "bending" a lithe ground ash stick across the back of the poor little culprit.

THE CUSTODY OF LUNATICS.

"LET the authorities get out of the difficulty as best they may." This is our advice to the medical officers of workhouses, and, so far as we have any influence with masters, to those officials also. It has long been a most mischievous practice to send suspected lunatics to workhouses, and to remand persons brought before magistrates to the same institutions on suspicion of insanity. A workhouse is not the place for such cases. As a matter of fact, a prison is better, if no more suitable place of observation can be found. The only right way out of the difficulty is to provide reception and probation wards in connexion with the public asylums for lunatics. This should be done at once, as we long ago suggested. We are not disposed to yield an inch of the ground we have taken up in regard to this matter, and we think it will be much to be regretted if the Local Government Board should give way under the pressure brought to bear upon it. The judge was right, the stipendiaries are wrong, and it is unfortunate that we have not a Home Secretary with sufficient strength of purpose to maintain the authority of the judicial opinion expressed.

THE PERILS OF FOOTBALL.

Now that the football season has come to an end, a timely opportunity occurs of drawing attention to the exceptional amount of danger run by the votaries of a much-abused (in every sense of the word) form of amusement and exercise. Since October last we have taken the trouble to cut out the record of each case of accident at football that we have met with in the papers, without, be it noted, any special search for them. The following is the result:—Oct. 10th: At Eton, Mr. W. J. C. "had his right leg broken by a cross kick."—24th: Mr. C., a student of St. Augustine's Missionary College, Canterbury, "had his leg broken."—25th: W. M'G., "while engaged in a match, was kicked in the stomach, but, feeling better afterwards, he finished the game. He died some time afterwards from internal injuries."—29th: Mr. W. P. G. "had his collar-bone broken."—Nov. 17th: W. A. "had his leg badly broken below the knee."—Dec. 1st: Mr. H. W. P.'s "left leg was broken clean through."—6th: Mr. E. G. B. "received a severe kick on his left leg, by which two bones were broken just above the ankle-joint."—13th: Mr. H. H. G., a well-known athlete, sustained an injury to his right ankle which, in sporting parlance, "effectually put a stopper on his engaging in those pursuits of which he was such a rattling exponent." On the same day, in one match, two players received injuries which compelled their retirement; in another the captain of one of the teams had his leg broken; in a third a fracture of the collar-bone occurred (in this last it is added, "the play is described as having been rough"); in a fourth, "one of the Flint men had his collar-bone broken through being violently charged by one of the opposing team."—16th: A broken leg.—22nd: Broken collar-bone.—27th: Broken leg and severe internal injuries.—29th: Fracture of right leg just above the ankle.—Jan. 5th: H. L. "received a violent kick in the stomach, which completely prostrated him and caused him intense

pain"; he died two days later from his injuries.—19th: A player "received serious internal injuries."—Feb. 2nd: Case of fracture of collar-bone.—9th: Two cases of fracture of collar-bone and one of fibula.—March 9th: W. "had his ankle-bone completely broken by a kick."—30th: T. S. "was accidentally kicked in the face; his lips, nose, and cheek were cut, and he was removed to a hospital."—April 4th: Broken leg.—13th: Broken arm. In this case "the game is said to have been characterised by a good deal of rough play." This list, which of course in no way represents the total amount of the season's football casualties, amply suffices to recall attention to the exceptionally dangerous nature of the game. No other popular game with which we are acquainted has the same amount of peril attached to it. It may be urged that accidents are bound to occur in all sorts and kinds of amusement, and that hunting is responsible for even worse and more frequent accidents than football; this may be so, but hunting is free from the objectionable element of personal conflict which pervades football. The game requires reform; we say *reform*, because we think it would be unwise, and on the whole undesirable, to follow a recent American proposal, and demand its prohibition in our schools. To put a stop altogether to the principal winter amusement of thousands of young people would, we are sure, be impossible. Nor is it needed; for football, under such restrictions as would reduce the number and severity of these frequent accidents, is capable of far more good than harm. What those restrictions should be is not for us to decide, but we would venture to call the attention of the Rugby Union and the Association authorities to "collaring" and "charging" respectively. Reform there must be, for the game is still only too well described by an old writer as "a friendlie kind of fight rather than a play or recreation—a bloody and murthering practise than a felowly sporte or pastime."

SANITARY PROGRESS IN COVENTRY.

DR. FENTON'S annual report for 1884 refers to the circumstance that his appointment has recently been made under the order of the Local Government Board. The occasion is opportune for giving a summary of the history of sanitary work in the borough during recent years. When the appointment of an officer of health was made in 1874 it was somewhat tentative in character. No means then existed for dealing with infectious diseases, some 2000 old-fashioned middens existed, well water liable to pollution by soakage of filth was somewhat extensively in use, the town water was in part derived from a stream which received sewage, and there was generally much carelessness and ignorance in sanitary matters. At the present date matters stand on a very different footing. Scavenging is done efficiently by the corporation officers, and it is in contemplation to erect a destructor; the offensive middens are largely done away with, only 200 of these structures remaining; the local wells have been, and are still being, closed; and the town water, which has been freed from the risk of contamination at its source, is replacing the former supply. Further, excellent hospital accommodation has been provided for cases of infectious diseases. First, a temporary iron structure was erected, and this, coupled with a voluntary system of notification, materially aided the authority in staying the spread of infectious diseases. Now, however, a modern hospital of two pavilions, with all needed administrative buildings, and a Ransome disinfecting stove, are available for the purposes of the urban district. Some practical outcome of this action may naturally be looked for, and it is forthcoming. In the five years preceding 1874, when the medical officer of health was first appointed, the annual death-rate from all causes and that from the seven principal zymotic diseases stood at 23·3 and 5·3 per 1000 respectively. In the five years ending 1884 the respective rates were 18·7 and 2·1—figures which indicate a large saving of valuable lives. In some towns officers of health were appointed, under statute, with much reluctance. Whatever may have been the case in Coventry, the authority of that town have now recognised the value of Dr. Fenton's work, and have, as the result of his efficient labours, placed his appointment on a higher and more satisfactory footing.

HEALTH OF THE POLICE.

THE Report on the Health of the Metropolitan Police for the year 1884 has just been issued by the chief surgeon, Mr. T. Holmes. The force numbers over 13,000 men. The daily average loss on the whole force by sickness was 2·93, which is nearly identical with the previous year's rate. The total injuries were 1129—727 "on duty," 230 "not on duty," and 172 sore feet. The ratio of these to the total number of men is about the same as the year before. The diseases of exposure, chronic and muscular rheumatism, coryza, bronchitis, and tonsillitis, were 874, 631, 461, and 1007 in the four quarters of the year respectively; making a total of 2973, which is rather less, both absolutely and relatively, than in 1883. For venereal disease 22 were suspended, 14 of these being sent to the Lock Hospital. During the year there were only 6 cases of small-pox, 2 of which were doubtful or "modified"; all were slight. One hundred and sixty-four men were admitted into hospitals; these were chiefly distributed amongst St. George's, Westminster, St. Bartholomew's, Guy's, University College, the London Fever, and the Lock; besides which twenty-six men of the outlying dockyard divisions were admitted into naval hospitals. The number of deaths in the Town and Woolwich divisions was 47, of which 15 were referred to consumption and "disease of lungs," 4 to pneumonia and pleurisy, 4 to bronchitis, 3 to rheumatic fever, 3 each to apoplexy and heart-disease, 2 each to typhoid, erysipelas, acute nephritis, and diabetes, and 1 each to scarlet fever, pyæmia, tumour of brain, phlebitis, psoas abscess, cancer, and drowning. Besides those who died, 223 were removed from unfitness through age or disease.

EPIDEMIC OF MEASLES IN GUERNSEY.

A WIDESPREAD epidemic of measles occurred in the Island of Guernsey during the last quarter of 1884, and it is the subject of a paper by Dr. J. Aikman in the *Glasgow Medical Journal*. The disease appears to have been imported from Jersey, to have been nurtured among the parish patients in the north district until it gathered epidemic force, and then to have spread to all classes of the population. It is explained that there are no data upon which to base any statistics with regard to the extent of the epidemic, but the local papers stated that there had been from 3000 to 4000 cases, in a population of some 30,000. Guernsey has been so free from epidemics for the past thirty-five years that it has been thought by some that local insanitary conditions must have been the cause of so exceptional a prevalence. The situation of its principal town on the slope of a hill, permitting the fresh aeration of even its narrowest streets by means of the sea-breeze from the Channel, and a subsoil of gravel and granite, afford natural conditions in favour of healthiness. But fault is found with the method of sewer ventilation; and house-drains are in this respect probably far more in fault. The water-supply is from public and private wells, many of which are in promixity to buildings and are liable to accidental contamination. It is always difficult to determine how far measles is associated in its spread with faulty sanitary circumstances, and the fact that Guernsey had long been free from it, supplies an explanation of the extent of the epidemic by reason of the number of children and young persons who would have been

susceptible to its influence. But whatever conclusion may be arrived at on this point, it is certain that the sanitary conditions to which we have adverted, and which are a blot on the reputation of a charming pleasure and health resort, should be at once remedied. We are glad to learn that a scheme is already on foot for supplying the town with a water which shall be free from suspicion.

THE APOTHECARY, ANCIENT AND MODERN.

THE peculiar position in which the Society of Apothecaries of the City of London has been placed by threatened legislation and by the new regulations of the Medical Council, has induced Dr. Corfe, the present Master, to sketch briefly the history of the Society, from the time of its foundation to the present time. Commencing with a cursory review of the rise and varied conditions of the body of men styled "apothecaries" during seven centuries (1180 to 1880), Dr. Corfe glances at the four stages of their history—viz., 1st, as Pepperers, of Soper's-lane, or Easterling's, trading with Egypt, Arabia, India, through Constantinople; 2nd, as a class becoming incorporated with the Company of the Grocers, but retaining their special title of apothecaries, and practising as such; 3rd, the disseverance of the fraternity from this company, and the establishment by Royal Charter of the present Society as an independent body; and lastly, the acquisition, by the Act of 1815, of the privilege of constituting itself as a Society for educational, examining, and licensing purposes. The remainder of the book is occupied with an account of the nature of the examination for the licence, a description of the hall and the articles of interest in it, a chronological glossary, and a list of eminent men who have been directly or indirectly connected with the Society. The work is intended, it is stated, to illustrate the facts—(1st) that the apothecary of the first and last portion of the nineteenth century is a coördinate practitioner with the same personage who carried on this profession in the twelfth century; and (2nd) that such persons were viewed as educated men, though traders. In another portion of the pamphlet, however, the author expresses the hope that he will be able to convince his readers of the great benefit which the Society has rendered to science, the advantages which it has conferred on the world at large, and the ability it still displays to carry on its functions for the good of mankind whilst it upholds its own reputation and the honour of the medical profession; and it may be fairly supposed that this is his main object.

ALLEGED CHOLERA VACCINATION.

CONSIDERABLE excitement has been aroused in Spain, both within and without scientific circles, upon the alleged discovery of protective inoculation for cholera; and we read that already numbers of people (300 according to one report) have submitted to inoculation with the choleraic "virus." In spite of the statements made by Dr. Ferrán (*vide* p. 489) we would venture to submit that the fact of such protective inoculation is by no means proved, if indeed it be capable of proof. For, so far as we know, cholera has never been transmitted by inoculation, and cannot therefore be placed on the same footing as small-pox, anthrax, and other diseases, in which the blood is apparently the seat of the organised virus. Nor can it be yet considered as determined that the microbe discovered by Koch is the specific cause of cholera. We have so recently heard this latter point discussed that there is no need to allude to it further; and it seems not only premature, but absolutely wrong, to promulgate the doctrine that cholera can be prevented by inoculation before these points are settled. The profession in Spain would do far more to protect their country from an epidemic if they urgently pressed on the authorities to undertake sanitary measures in the towns, than by lulling people into a fancied security by spreading the belief that inoculation will protect an individual from the disease. If cholera does visit Spain they will be wofully undeceived.

OVER-PRESSURE IN SCHOOLS.

DR. CRICHTON BROWNE'S letter in *The Times* a few days ago will be read with interest. He contends that the recent reduction in the rate of mortality among children, upon which Lord Aberdare laid great stress in his address at Manchester, is no proof of beneficial results from the effects of education; and he urges, on the other side, that disease and disturbance of the nervous system are increasingly frequent among the young. This is a fact which cannot be gainsaid. Headaches and nerve troubles of various descriptions are extremely prevalent, and we have no doubt that they are in great part the effects of brain work of a class and kind which is injurious to health, and will hereafter be found to be detrimental to progress. Mr. Mundella may try to sweep back the Atlantic with a broom, but, as Dr. Crichton Browne remarks, he must find better brooms than have yet been made available, Sir Lyon Playfair and Lord Aberdare not excepted.

VIRCHOW'S ARCHIV.

THE commencement of the one hundredth volume of the world-famous *Archiv für Pathologische Anatomie und Physiologie* is signalised by a few pages of retrospect by its illustrious editor, Professor Virchow. When he recalls the condition of medical science in 1847, the year of the first issue of the *Archiv*, and contrasts it with its position at the present day, he may well be pardoned any feelings of pride at the advances that have been made therein to which his *Archiv* has so remarkably contributed. He tells us that the enterprise undertaken by himself and B. Reinhardt was at the outset almost alone—at any rate in North Germany—in its object of promoting scientific research with direct application to medicine, and he pays a well-merited tribute to the encouragement and aid furnished by the publisher, G. Reimer, whose death at an advanced age occurred quite recently. The first numbers were almost solely composed of the contributions of the editors, and before the fourth volume was completed in 1852, the death of Reinhardt left Virchow alone in the editorial chair. But contributors were not lacking, and as years passed on they became so numerous that after the thirty-first volume (1864) the *Archiv* was issued monthly, forming three volumes a year; and in 1879 a further enlargement was found necessary, so that since that date four volumes have appeared annually. It would be quite possible to extend it still further, for the contributions are so numerous; but Virchow deprecates any further extension on the ground of cost. The statement speaks well for the great success and high reputation of the *Archiv*, which is read in all parts of the world. At first it was intended to confine its scope to subjects directly related to medicine; but it was soon found necessary to widen this area, with the result that its volumes contain much of the early work of anatomists, histologists, physiologists, and embyologists; and this in spite of the vast increase in scientific periodical literature that has taken place. In its pages may be found a complete history of the development of medical science; for it has fulfilled the object of its founders in making it a repertory of detailed observations to elucidate the problems of pathology. Prof. Virchow goes on to review this progress in one department with which his name is specially connected—viz., the application of the cell-doctrine of nutrition to morbid processes, and he clearly shows how the doctrine has been enlarged and elaborated in course of time. He alludes with

sorrow to those amongst the contributors to the work who have since died, including Reinhardt, Leubuscher, Beckmann, Friedreich, Otto Weber, C. E. Hoffmann, Förster, Buhl, v. Wittich, Rudnew, Hüter, and Cohnheim, many of whom are famous in their writings, but whose earliest ideas found expression in the pages of the *Archiv*. Not a few of them were his own pupils, several were long engaged as his assistants, and in losing them he feels a pang as if a part of himself had been torn away. In a few words at the close of this article he expresses his confident belief that the work thus commenced will be carried on with the same earnestness and vigour, and that the history of the *Archiv* in the future will be as rich as it has been in the past. That it may be many years before it is deprived of the guidance of its founder is the earnest hope of all who reckon this as not the least of his many great achievements in the cause of science.

ASSOCIATION FOR PROMOTING A TEACHING UNIVERSITY FOR LONDON.

AN important Conference between the Executive Committee of the above Association and representatives of the London Medical Schools will take place at 4.30 P.M. on Monday next (May 4th), at the rooms of the Society of Arts. The following medical schools have chosen the gentlemen named to represent them upon this occasion:—St. Thomas's Hospital: Dr. Bristowe, Dr. Bernays, and Mr. Sydney Jones. Middlesex Hospital: Dr. Cayley and Dr. Coupland. St. Bartholomew's Hospital: Dr. Norman Moore, Dr. Dyce Duckworth, Dr. Russell, and Mr. Willett. University College Hospital: Dr. Barlow, Professor Schäfer, and Professor Berkeley Hill. King's College Hospital: Dr. Curnow, Professor Bentley, and Professor Gerald Yeo. St. Mary's Hospital: Dr. Sieveking. Westminster Hospital: Dr. De Havilland Hall and Mr. George Cowell. Guy's Hospital: Dr. Taylor, Dr. Stevenson, and Mr. Howse. London Hospital: Dr. Down and Mr. Treves. It is expected that the medical schools of St. George's Hospital, Charing-cross Hospital, and the Royal Free Hospital will also be represented at the Conference.

THE EXPLOSION AT THE ADMIRALTY.

MR. SWAINSON, who was injured by the explosion at the Admiralty, we are pleased to say continues to make satisfactory progress. The recovery of consciousness was accompanied by vomiting, which lasted at intervals until midnight. The wounds of the scalp are healing, there having been very little suppuration. The wound of the left conjunctiva was accompanied either by fracture of the lacrymal bone (no bone was, however, felt on probing) or wound of the nasal duct, as sudden emphysema of the upper eyelid followed an attempt to blow the nose on the day following the injury. There was no wound of the eyelids. The temperature has not exceeded 99°. There has been no headache or deafness, and the mind has been quite clear since the 24th.

CYSTICERCUS IN THE VITREOUS.

DON PEDRO LAGLEYZE describes, in a Buenos Ayres medical journal, a case of cysticercus in the vitreous, this being the only recorded instance of an inter-ocular entozoon occurring in the Argentine Republic. The patient was a man thirty-four years of age. Six months before his eye trouble commenced he had passed a tapeworm. The first symptoms were pains in the supra-orbital arch and flashes of light in the right eye, the power of vision of which rapidly deteriorated. A month after these symptoms commenced he noticed that the vision of the left eye was beginning to be impaired; he therefore consulted a medical man, who treated him for more than a year before he was admitted to the hospital at Buenos Ayres, under the care of Dr. Don Cleto Aguirre. There was no injection of either conjunctiva; pupils sluggish, vision much impaired. Left eye: fingers scarcely counted at fifteen centimetres, tension normal, atrophy of papilla. Right eye: an extensive hiatus in the superior half of the field of vision, central vision ½, tension greatly diminished. With the reflector a characteristic cysticercus was seen in the vitreous, with two suckers visible, but not the corona of hooklets; it was dead, but apparently had not been long so, for about a month afterwards there was a considerable change, the head having become globular and the neck shrunken. The body, which had been translucent, and therefore appeared red by the transmission of rays from the fundus, was now opaque. The retina was detached at the point where the animal pierced it. The papilla was white, as in the left eye, this being not due to the entozoon, but merely a coincidence. The atrophy continued to increase in spite of remedies.

THE MEDICAL SOCIETY OF LONDON.

THE Medical Society is the first of the London Societies to bring its session to a close. The last ordinary meeting was held on Monday last. Next Monday the annual oration will be delivered at 8.30 P.M. by Professor Humphry of Cambridge, when it is anticipated that a large and distinguished audience will be present. The conversazione takes place immediately after the delivery of the oration.

A HEROIC GIRL.

AT an inquest held at St. Thomas's Hospital on the body of Elizabeth Chandler, aged three years, who died from burns received at the fire which lately occurred in the Borough, the jury returned a verdict of "Accidental death," adding that the conduct of the unfortunate young woman, Alice Ayres, who was instrumental in saving the lives of two other young children, and who herself had fallen a victim to the disaster, was beyond all praise. So far the jury have expressed the opinion of everyone who read the sad story of this brave girl's presence of mind and dreadful death. But we would go a little further, and urge that such conduct is not beyond recognition. Why should not the name of a heroine be kept in memory? and what more appropriate way, in the case of one who saved little children's lives only to lose her own, than by the establishment of a ward for children, or at least a cot, in one of the hospitals, which should bear the name of "Alice Ayres"?

HISTOLOGY OF SYMPATHETIC GANGLIA.

THE paper which was communicated by Dr. Hale White to the Royal Medical and Chirurgical Society, at its last meeting, on the Morbid Histology of the Sympathetic Ganglia, is one which merits some attention. In all researches in which almost negative results are arrived at there is a tendency for the mind to overlook and forget. The only change which Dr. White has felt himself justified in pronouncing as pathological is an increase in the number of the elements in the connective tissues of these ganglia—an abnormal condition, that is to say, of the purely supporting structures of the bodies in question. Though this is a conclusion which cannot be cavilled at in the present state of microscopical investigation, yet it must be admitted that it is anything but satisfying to the clinical physician. It may be that more minute methods of examination may at some future time reveal changes of the finest sort in the most intimate structure of the nervous tissues. The possibility of ultra-microscopical alterations of texture still remains to us to explain some affections which are obviously related to disordered action of parts of the nervous system. Chemical

or other modes of investigation of the protoplasm of nervous tissues may give us an earlier insight into the molecular disorder which certainly exists, whether it be perceptible or not by any of our present methods of inquiry.

SMALL-POX IN WEST HAM.

SMALL-POX is widely prevalent in West Ham, and Dr. Drake, the medical officer of health, is stated to have recently reported that no less than 290 fresh cases had come under his notice during three weeks. A house-to-house inspection has been instituted by the guardians with a view of promoting vaccination, and if this work is carried out promptly and systematically, it cannot fail to be of material value in saving the inhabitants from preventable disease and death. Nothing short of the efficiency obtained by the St. Pancras guardians in this matter should be aimed at. But the intervention of the sanitary authority appears to be much needed. Thus, we read in the local press of a girl who suffered from small-pox being found to occupy the same bed as her parents, and this in a small house of four rooms, holding no less than twenty-one persons. Overcrowding is one of the nuisances most dangerous to health, and as such it should be dealt with without delay wherever it is found to exist.

ALVELOZ IN CANCER.

THE United States consul at Pernambuco has forwarded to his government a report by Dr. Bandeiro, surgeon to the Hospital Pedro II., on the value of the juice of the alveloz as an external application in cancer. It seems to have been useful in epithelioma of the lips, nose, face, and eyelids, but to have been less successful in ulcerated sarcomas and carcinomas not of the epithelial variety. Several preparations are made with salicylic acid, &c., but it is thought that the juice is far more active when used in a fresh state. The natives employ the cut end of the stem of the plant, Euphorbia heterodoxa, to cauterise the sore, using at the same time a decoction of tobacco leaves. A supply of the prepared juice has been forwarded to the Marine Hospital in Washington and to the Cancer Hospital in Liverpool, from which institutions reports will doubtless be forthcoming if the alveloz juice treatment prove to possess any advantages over other methods of treatment of cancers.

SYPHILIS IN HOOFED ANIMALS.

THE Veterinary School of Madrid has reported that the disease from which solipedes are suffering in the district of Villarcayo (Burgos) is syphilis. It is feared that it may extend to animals whose flesh is used for food, and that syphilitic meat may be sold in the markets. A suggestion as to protective legislation, which is stated to have the approval of the Director of Charity and Health and of another important official, has been made to the Royal Council. It is not, however, expected that more will come of it than of numerous other projects which have previously been presented and quietly shelved.

CHOLERA IN EUROPE.

RUMOURS of cholera from time to time remind us of the prospect of a recurrence of the disease in an epidemic form during the coming summer. The most important announcements have come from Spain, where early in April a considerable number of cases were alleged to have occurred in the province of Valencia. The statement was, however, soon followed by contradictions, and precise information on the subject has since then not been forthcoming. France, however, imposed a three days' quarantine on arrivals from Spain. Since then we have heard that a case has occurred at Osio, not far from Bergamo, and a French newspaper has reported cases at Cairo. In the meantime, the oft-postponed European Conference has again been postponed to May 15th, and it is stated that the India Office will send separate representatives. Switzerland will be represented by M. Bavier, the Swiss Minister to Italy, assisted by Dr. Souderberger and Dr. Reali.

URIC ACID CALCULUS OF ENORMOUS SIZE.

WE desire to place on record some particulars of one of the most remarkable calculi that the records of surgery furnish. It was removed by the high operation (Petersen's modification), on Wednesday morning, by Sir Henry Thompson, from a man aged sixty-two. The stone was of an oval form, of pure uric acid, without any phosphatic incrustation whatever. It weighs 14 oz. avoirdupois (405 grammes), and measures 4½ in. long, 3½ in. wide, and 2½ in. thick. The operation was rapid, and performed without difficulty; and the patient's present condition is unusually good and promising.

REMOVAL OF INFECTIOUS CASES.

MR. W. G. LACY, of 24, Ringford-road, West-hill, Wandsworth, has introduced an innovation in the means of removal of infectious patients to the several infectious hospitals which is, we think, likely to work well. By employing a private brougham, which he keeps for this purpose, all publicity is avoided, and less excuse is offered to persons to keep infectious cases in their homes on the plea of the injury to their business that the ordinary conspicuous removal entails.

ENTERIC FEVER AT NORWICH.

A SOMEWHAT wide and sustained prevalence of enteric fever is in progress in Norwich, and, so far as can be judged at the present time, the disease is more likely to be associated with faulty conditions of sewerage than with the water or milk supplies. Dr. Herbert Airy, of the Local Government Board, is making local inquiry into the matter.

SIR WILLIAM JENNER.

WE are happy to be able to state that Sir William Jenner is progressing as favourably as is possible towards recovery.

AT the recent meeting of Middlesex magistrates for the transaction of county business, upon the suggestion of the Parliamentary Committee, the Lunacy Acts Amendment Bill was referred to a special committee composed of the justices on the visiting committees of the three county lunatic asylums, with power to confer with the authorities, and to take such steps as might be deemed necessary to secure any necessary alterations. It was also decided to provide an additional asylum for the pauper lunatics of the county to accommodate 1000 patients, the administrative offices and plans generally being so arranged that provision may be hereafter made for additional patients up to 1000.

AT the same meeting it was resolved that the committee appointed to superintend the administration of the Adulteration Acts be authorised to seek counsel's opinion as to the power of the county inspectors to require samples of milk in course of delivery, and that the inspectors under the Adulteration Acts be authorised, under the directions of the committee, to pay and charge to the county the reasonable expenses of an assistant and of a witness, and that they be authorised to obtain professional assistance in the conduct of prosecutions in which legal or other difficulties are likely to arise.

FROM the report of the examination made by Colonel Sir Francis Bolton of the water supplied by the several metropolitan water companies during the month of March, it appears that the Thames water sent out by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies contained on the whole less organic matter than in either of the previous months of the present year, the amount being small for this season. The water drawn from the Lea contained slightly more organic matter than the previous month's samples. All the waters were clear and bright.

AT the monthly meeting of the Board of Management of the Manchester Royal Infirmary on the 27th ult., it was stated that there had been a very considerable increase of small-pox in the city during the past month, and in order to meet it the Monsall Hospital Committee had been obliged to erect at once an emergency building to accommodate twenty-four patients. As many as forty cases had been received during the preceding seven days; and there were at the time of the meeting 119 cases in the hospital.

THE question of lay administration of hospitals is not confined to this country. A Madrid paper states that the functions of Director of the Provincial Hospital of that city are now discharged, with assistance, by a lawyer. The Zaragoza *Clinica* also complains that a young lawyer has just been appointed Director of the Hospice of Calatayud.

DR. HUGHES BENNETT will deliver at the Westminster Hospital during the ensuing summer session a short course of lectures on the Recent Advances in Neurology, with their practical application to the investigation of diseases of the nervous system. They will be given on Mondays and Thursdays at four o'clock, beginning on May 4th.

DR. CHAMPNEYS has been appointed Lecturer on Midwifery and Obstetric Physician to St. George's Hospital, in succession to Dr. Barnes. This is an appointment which we feel sure will give general satisfaction.

PROFESSOR LORETA performed his operation of divulsion of the cardiac orifice for the seventh time on April 8th in the surgical clinique of Bologna. The proceeding was successful, and the patient is doing well.

AN exhaustive account of what is known of the therapeutics of antipyrin has recently appeared from the pen of H. Huchard. (Paris: Octave Doin, 8, Place de l'Odéon.)

THE *American Quarterly Journal of Neurology and Psychiatry* has closed its career at the end of its third year of publication.

BROWN INSTITUTION.

THE following is extracted from the Report by the Professor-Superintendent, Mr. Victor Horsley, to the committee of the Brown Institution for the year 1884, and presented to the Senate of the University of London on February 25th.

The report describes the whole of the past year's work of the hospital only, that part of it relating to the work done in the laboratory being an account of researches carried on during the autumn since the appointment of the present Professor-Superintendent on September 1st.

The report of the curative work of the institution has been drawn up by Mr. Ernest Batt, M.R.C.V.S., &c., who has fully maintained the high efficiency of this department.

The most noticeable feature in the list of diseases from which the animals treated have suffered, is the increase in cases of rabies. After a considerable period of complete immunity an outbreak of rabies took place towards the end of the year, which at one time appeared likely to assume alarming proportions. Nearly the whole of the tabulated cases (nineteen) occurred in the course of a few weeks, and many animals in the neighbourhood of the institution were known to have been bitten. Fortunately, however, the outbreak subsided, and for some weeks past no fresh case has come under notice. A suggestion was at one time made by a late Professor-Superintendent (Dr. Burdon Sanderson), but not acceded to by the Government authorities, that the leading symptoms of rabies should be printed on the back of dog-licences. They might, with advantage, be again counselled to follow this good advice.

The success of the stamping-out process as followed in glanders is proved by the continual small percentage of that disease: if it were possible to adopt a plan to pay compensation and destroy those doubtful cases which are so frequently the means of spreading the disease, it would not be too much to hope that in a few years London might be almost free from glanders.

The difficulty noted in previous reports of conducting the in-patient department of the institution has been intensified in a year that has seen the ruin of so many small traders. Day after day it is found that the very poor, those for whose benefit the institution is especially intended, are unable to pay the cost, or anything like the cost, of keeping an animal in the hospital. Frequently, in fact generally, the horse is the chief or sole means of gaining the living of a family, so that when its services are lost, it is as much as the members can do to earn sufficient for daily food, without paying from 1*s.* 3*d.* to 2*s.* 6*d.* daily for the maintenance of the horse.

Another point that might be brought to the notice of the Committee is the absence of a veterinary library. For years past it has been felt as a great inconvenience by gentlemen working in the laboratory subjects relating to animal pathology that there is no collection of foreign or English books of reference. A few pounds spent yearly would go far to lessen the inconvenience.

From September 1st to December 31st, the laboratory has been actively used for various researches in comparative pathology. 1. Dr. Theodore Cash has continued his researches (*a*) into the means of preventing the action of the poison of splenic fever and tuberculosis by means of certain disinfectants; and (*b*) into the subject of visceral innervation and abdominal temperature. 2. Mr. G. F. Dowdeswell, M.A., has been conducting experimental researches into the virus of (*a*) fowl cholera and Davaine's septicæmia, in the course of which investigation he has made the important observation that the organism, "which is presumably the cause," is identical in both diseases; (*b*) hydrophobia; and (*c*) human cholera, especially with relation to the lower animals, and particularly the cause of their power of resistance to the influence of the comma bacillus of Koch. 3. Dr. Wooldridge, who has for some time been engaged in researches on the albumen of the blood, and especially in relation to various forms of anæmia, has been able (by means of the facilities offered him by the institution, in the shape of the gas engine, &c.,) to confirm his previous investigations, and to considerably extend them. 4. Dr. Angel Money, by a few experiments, has succeeded in elucidating some of the symptoms which render diagnosis of coarse brain disease uncertain, and he has also commenced a research into the pathological anatomy of paraplegia following interference with the circulation in the spinal cord, a condition of things the correct knowledge of which is of practical importance in the diagnosis of paraplegia in animals. 5. Dr. Erb carried on for six weeks a research into the anatomy of the ear in fishes. 6. I have myself been engaged in a series of experiments on monkeys, which have resulted, I believe, in the demonstration that the loss of function of the thyroid gland is the cause of the obscure disease known as myxœdema. By the same research I have shown that the operation of thyroidectomy, as at present practised by surgeons, is unjustifiable, and should be modified. I have also, as occasion offered (twice), performed inoculation experiments, to lay the foundation of a research into the causation of the melanotic disease to which every white horse beyond middle age appears to be liable. With Mr. Shattock I have commenced an investigation into the healing of wounds by the first intention. This appeared to me desirable on taking office, seeing that it is a subject of vital importance, and one the details of which are as yet unknown.

OUR WAR CORRESPONDENT'S EXPERIENCES IN THE SOUDAN.

No one, I venture to assert, ever knows, or can appreciate to their fullest extent, the true comforts of a happy home until he has been away from it for a time; and surely the feeling is intensified tenfold by what an onlooker, especially a non-combatant, has to face, to see, and to endure amongst the distressing and harrowing scenes observed after a well-contested, hard-fought action on some foreign battle-field. Here, there, and everywhere shocking details present themselves in sufficient abundance to unnerve the very strongest mind, whilst the disparity between order and disorder, betwixt calm and fury, reason and frenzy, is so great as to make the bravest recoil from and shudder at the sickening sights which present themselves again and again on the gory trampled sod.

> But hearts may break, and tears may flow;
> The bugle will sound, and the soldier must go.

By-the-bye, that reminds me that neither the early morning slumbers nor the noontide siesta of those taking passage in that admirably-arranged troopship *Persian Monarch* were ever disturbed this side of Gibraltar by sounds of martial music. For some reason best known to the officials at home, no enthusiastic bugler—no, not even a scatter-brained drummer—figured amongst the list of troops despatched to the seat of war in the above-named vessel. The situation for the young artillery officer in command was as novel as well as unpleasant a one as could be well imagined. In his dilemma he applied to the captain of the ship, who suggested the use of the ordinary ship's bell, the ringing of which had on the first occasion the effect of instantly bringing all hands on deck to extinguish some imaginary fire—the more hungry in search of their dinner; whilst a general belief that the ship had run into some fog became so prevalent that this substitute for a bugle or a drum had at last to be given up altogether. Of course amongst us there were some carping critics who never let an opportunity slip for saying bitter things against the powers that be—oversight, blundering, &c.; but to me there was something particularly droll, as well as rich, in the practical joke played upon the military element by the transport department at home in depriving Lieut. —— and his subs of two such necessary but at the same time ear-splitting military accompaniments. With fine fast-steaming vessels to order, and with ample funds to freight and despatch them, it has become an easy matter for our Government to transport a large and powerful army even to the littoral of the Red Sea, as a passage of some sixteen days is now quite sufficient to span the distance from Portsmouth to the Soudan. But what a change has already come over the scene! A fortnight since those sturdy fellows in front of me were, with reddened noses, pinched features, and wrapped up in their great military overcoats, trying to dodge the cold nipping gusts of a strong north-easter by crowding together to leeward and under shelter of the ship's warm funnel and casing. Now these self-same men, in the scantiest of attire, and under an increase of thirty degrees in the temperature, are seeking shady corners, or leaning over the gunwale, intent on noting the progress of our ship, and, lost in admiration, are beguiling their leisure hours by watching Sol from his height playing fantastic sport with his rays on the glassy surface of this loveliest of cerulean-coloured seas.

> Some smoke, some play at cards, others merry ditties sing,
> While idle ones there are who never do a single blessed thing.

Yes, there they are in all directions, from forward to aft, in their shirt-sleeves and trousers, with sunburnt faces, and with heavy drops of perspiration exuding from every pore, crying out about the heat already, and begging for a drop of water—a good long drink to assuage their inordinate thirst; not a few, too, still more overcome by the languor that invariably seizes all on their first visit to the Red Sea, are lying helplessly on their backs beneath a double awning, a barely sufficient protection from the heat and glare of a mid-day tropical sun. Happily, our vessel has made a smart run of it, and by midnight of the 15th the engines are stopped in order to pick up the outer reef buoy on the following morning. An excellent landfall has been made, for just as daylight breaks the desired object is seen about a mile and a half away on our weather bow. Towards it we cautiously proceed at half speed.

WHAT ONE SEES ON ARRIVAL OFF THE PORT.

Breakers on all sides of us. To the right, to the left, they are discerned. Huge white-crested rollers, sending their rainbow-tinted spray aloft, are observed, one after another, dashing over and amongst the coral reefs which encircle as well as protect the harbour of Sawakin, twenty miles away, to which we are bound. Our charts being accurate, and our commander careful as well as very experienced, there is small need of fear in navigating the narrow though straight channel, which, running inside of the reefs and parallel with the shore, leads up to the place we are in quest of. After getting into deeper water our speed is somewhat increased, so that by breakfast-time we come in sight of the shipping, whitewashed houses, and tents of our army, dotted here and there over the sandy-coloured plain. Sawakin (usually spelt Suakin) is situate on the eastern coast of Africa, about two-thirds of the distance down the Red Sea. Its harbour proper, if not land-, is certainly coral-locked; not steep to approach, but from a very deep middle channel the water suddenly shoals to either shore. Its entrance is very narrow, and the mouth of it is guarded by a British gunboat lying there for that purpose. As most of the vacant berths are occupied by transport and other ships, all vessels arriving off the main harbour must heave to (they cannot anchor in sixty fathoms), and wait until boarded and brought in by a Royal Naval navigating lieutenant appointed specially for that purpose. Proceeding cautiously up harbour, the hospital ship *Ganges*, suitably painted white, is first noticed as she lies moored along the northern shore. Astern of her is the B.I. steamship *Bulimba*; she provides the expedition with machine-made ice, and is devoted to the reception of medical and surgical cases of a specific nature; whilst abreast of her, on the opposite side of the fairway, is anchored (or supposed to be so, for she sometimes drags her anchor and falls foul of her consorts) the hulk for the reception of small-pox patients. Still further westward and nearer to the town lies the *Arab*, of the Union line, a naval transport ship used as a sort of headquarters by that courteous and very indefatigable officer, Captain Fellows, R.N., and the really hard-worked staff immediately under his command. Astern of the *Arab* is the *Calabria*, utilised as a distilling vessel, whence issue the many thousands of gallons of bright clear water supplied daily for the entire force in camp. After inspecting her,

WE GO ON SHORE

at Quarantine Island, and close to the water's edge see lines of white tents of every shape and pattern. The best are the square-shaped ones. They are made of a material something like twill, lined with yellow calico, double roofed, both lofty and airy, and have four openings, one on each face, for the freer admission of both light and air. The few bell-shaped ones there are have to be exchanged shortly as soon as the new can be obtained from the store. To the

eastward are pitched those belonging to the firm of Messrs. Lucas and Aird, railway contractors for the Berber line; these are in turn succeeded by the auxiliary hospital pavilion, and further on follow the private tents of Surgeon-Major Hinde and the medical staff attached to that institution. The rising ground upon which these temporary habitations are placed is light-yellow in colour, and of a sandy porous nature. This sand is only some eighteen inches deep, a very hard, white, compact, coral formation existing beneath. No moisture, therefore, ever remains long on the surface. The latrines, placed to leeward and in rear of the tents, are simply spaces enclosed by bamboos and coarse Indian matting, supplied with a strong horizontal wooden bar, beneath which are two or three zinc buckets, which, with sand ready at hand, are used and cleaned upon the earth-closet system. Offensive smells seldom result from their use, and if they should at any time become obnoxious, the effluvium could readily be removed by the free use of disinfectants—MacDougall's powder, &c. Passing by the engineer's camp, crossing the causeway, and entering on the desert, on a somewhat elevated sand mound is seen

THE MAIN OR BASE HOSPITAL,

under the immediate superintendence of Brigade Surgeon Tanner. This camp hospital consists of a number of tents, most of which are of Anglo-Indian pattern and construction. They are not, as elsewhere, placed too near to one another, but are pitched with some regard as to method and regularity. In the centre of the group is a large square pavilion, called the operating theatre, and on entering it one is at once struck with the comfort and perfection of arrangement the interior of this place displays. An operating-table occupies the central position, and on the walls or sides of this calico habitation are hung up square creamy-white coloured bags, containing sponges, lint, bandages, antiseptic dressings, in fact any and everything needed, and that should be readily accessible in case of urgency or hurry. Already another correspondent, as well as myself in a former communication, has paid a well-merited compliment to Surgeon-Major Tobin for his energy and painstaking in this special portion of the department. Now, the store-room, or rather store-tent, with its heterogeneous assortment of goods, medicines, hospital equipment stores, and sanitary necessaries, must not be omitted from the list. I do not know the name of the officer in charge of it; but for the method, as well as the care displayed in the arrangement of the various odds and ends, from a bedstead down to a mosquito curtain, the superintendent deserves my warmest congratulations for the manner in which his different duties have been carried out. Each of the officers' hospital-tents can accommodate about eighty beds; the bedstead itself is very light and formed of thin split bamboos, and each one is supplied with more than sufficient bedding for use in this hot climate. Before leaving the subject of the base hospital I may take this opportunity of thanking the medical officers there for their courtesy to me on every occasion, and more especially give my thanks to Surgeon-Major Allan for supplying me with statistical information, which he, as the able representative of the Registrar's Department, is always desirous as well as capable of giving. Adjacent to, but south-west of, the "H" Redoubt, is

THE NEWLY-SELECTED CEMETERY.

Up to the time of my quitting Sawakin, the former burial-ground was close to and situate just opposite and to windward of where the transport ships *Arab*, *Bulimba*, and *Ganges* are moored. In this badly-selected portion of ground set apart for burial purposes, after our recent actions with the foe, a great number of interments had taken place, and as the graves for the corpses could not be dug more than some eighteen or twenty inches deep in consequence of the existence of a very hard substratum of coral, whenever the wind blew from the northward (the usual direction during the night and after-portion of the day), a horrible effluvium permeated through the superficial layer of sand, and was wafted directly across the vessels moored close to it; this horrible odour not only proved most offensive to the nostrils of all on board, but threatened most dangerous results from a sanitary point of view. During my residence on board the *Arab* a very strong remonstrance against any further interments here was made to the officials at headquarters, and resulted in their ordering an immediate discontinuance of any more burials in this spot, and in the selection of a more appropriate *locale*—the new cemetery above referred to. Let us now pay a flying visit to

THE ORDNANCE WHARF,

situated at the head of the creek, and just above where our men-of-war are anchored. The major in charge of this place (where all the military stores are accumulated) evidently has his hands full enough to discharge with efficiency the duties of so trying as well as difficult a department. Around the officers' tents, alongside of, and adjacent to the pier, lie scores of bales, hundreds of boxes, and packages of every conceivable shape, size, and description. In one spot carts are drawn up in a row; in another groups of harness. Not far from these, again, coils of telegraph wire and a host of water-pipes are seen; and would it be believed that by some wiseacre arrangement at home, amongst all this heterogeneous assortment of general merchandise and collection of commercial goods, a medical officer has himself to go, search for, and pick out the requisites for his own department. Dr. ——, of the Base Auxiliary Hospital, assured me—in fact, I saw it with my own eyes—that it had taken him some days to segregate from the rest the few hospital belongings urgently wanted, and that were then lying on the ground in front of me. A medical officer might be spared this difficulty surely, especially when in face of the enemy, by all the medical stores and hospital equipments being forwarded together in a hospital vessel, or placed in some portion of a ship where they could be readily got at on her arrival in port. The *Ganges* and her arrangements throughout set our authorities an admirable lesson in medical transport, and her well-organised system could certainly be copied with advantage by anyone desirous of improving the conditions under which these things are now done. Yet another little matter requires looking into. I have every reason for believing that in the present campaign one or two senior medical officers have taken a passage in one ship, while their junior brethren are sent out possibly some days afterwards in another. The one party arrives without his assistants, without medicines or appliances, to find nothing ready, everything to do, everything to organise, and no junior officer to lend assistance in the difficulty. More than this: when the "subs." present themselves, Brigade and simple Surgeon So-and-so are unknown to one another. How, then, in the name of goodness, can the principal medical officer direct with advantage? He should be acquainted with the capacity, as well as the fitness, of any and each officer for any special post he may feel desirous of appointing him to, and not have all this organisation to go through when the services of all his men are urgently needed in the field. That the principal medical officer has perfected his arrangements in the Soudan with great judgment and considerable tact and skill is no answer in face of a possible difficulty likely to occur in less able hands; and it would be well if the Home officials, acting on the well-known maxim that "prevention is better than cure," considered the propriety of holding a course of practical field hospital training during the summer season, and when perfected in drill send the officers and their bearer companies all out together, and not despatch them piecemeal abroad to serve under new officers and in new duties, as they hitherto seem to have been doing. And now let me say a word or two about

THE CLIMATE,

concerning which so much has already been written and said. Climate, everyone knows, is an important factor in the success or otherwise of any expeditionary undertaking. Especially would it be so in the African Soudan. It is a well-recognised fact amongst travellers and persons who have lived out in the Soudan that, with the exception of the Persian Gulf, there is no hotter or more unhealthy locality than the western littoral of the Red Sea in the summer season. During the months of October, November, and December, even up till the beginning of April, the climate is pleasant and healthy enough; with genial warm days and cool nights, a cloudless sky, dryness of air, an average daily temperature of 78° F., and refreshing sea-breezes setting in about 10 A.M. and continuing till after dusk, the climate of the Soudan at this season is by no means prejudicial to health, and not one-half as bad as is commonly supposed. The sense of freedom, moreover, and elastic buoyant health, which so many describe as experiencing when they first arrive out, and the stimulus to appetite afforded by a brisk early march across the sandy plains, are the best evidence of salubrity, as well as

of a certain amount of health-promoting power. The existence of so small a percentage of sick amongst the number employed during the past three months is more than confirmatory of this view; but let April pass and a complete change sets in. The thermometer no longer remains at 70° or 80° during the day, and falls as low as 50° at night; but rises to 112° in the shade, and remains at 100° during the night. No fresh sea-breeze sets in to cool this awful temperature, and man as well as beast fall prostrate beneath its influence. The super-heated air becomes then terribly relaxing, and has a most depressing effect upon the animal economy. Such a feeling of languor and lassitude seizes on one that it cannot by any effort of will be shaken off. The depression increases hourly, and, possibly with scarce any further appreciable warning, heat apoplexy strikes its victim and speedily relieves him from any additional tortures of mind and body; or to take a more lingering case still, after such a terrible drain upon the system, such an exhaustion of all the vital powers, through loss of appetite and deprivation of sleep, dysentery, that scourge of the tropics, sets in, with all its chain of most distressing and painful symptoms, and continues with all its agonising characteristics until death at last comes along to finish what heat and the overpowering influences of such a detestable climate has begun. Granted, some have withstood the climate well enough; but the majority have but too easily succumbed to its disastrous effects. I believe 40 per cent. were invalided last summer season, and nothing short of sheer madness should tempt any government to sanction the retention of troops, especially under canvas, in so dangerous a summer climate as that of the African Soudan. My own experience in the Red Sea (by no means limited) would scarcely warrant my giving so dogmatic an opinion on this subject were not my ideas backed up by what I hear from all others who have lived out there. They are unanimous in condemnation of leaving the troops at Sawakin to stew in their own gravy. The Arab knows what the effect of permitting this will end in. From what I learnt from a friendly sheikh, Osman Digna, after his last great attempt on March 22nd, is reported to have said, "I shall no longer attack the enemy in force; I shall retire to the mountains, and simply harass his lines of communication; the climate during the coming season will do the rest." God forbid, say I, it ever should. And the question naturally arises,

WHAT SHOULD BE DONE WITH OUR TROOPS?

Perhaps the Government are in a strait, having found out to their cost that it is a far easier matter to get into a difficulty than it is to escape out of one. To remove our troops from the Soudan at this juncture simply means death to, and total annihilation of, those friendly natives we leave behind us at Sawakin; and yet a decision to leave our men out there, under the scanty protection afforded by a tent's cover, will be fraught with equally unsatisfactory results. The consensus of opinion amongst my press colleagues is decidedly adverse to such a determination on the part of the Horse Guards. More than this, one or two correspondents have already spoken out with no uncertain sound. They have issued a warning not one moment too soon, as well as stated their opinions in language not one word too strong. Our only policy now is to confess to a serious mistake, and get out of the dilemma as soon as we possibly can. Now,

THE PAGES OF JOURNALISM

are always open for the insertion of fair criticism, in order not only to expose arrant blunders and point out grave and wretched mistakes, but also to accord honour where honour is due. Now, while paragraph upon paragraph in the public press has been lavish in its praises of the conduct and bravery of our English troops, especially the Berkshire regiment, the sailors, and marines, and have not hesitated—and very justly so, too—to speak of the thorough efficiency with which the Transport Department has been administered in the Soudan by such able officers as Captain Fellows, R.N., and the other members of his staff, surely we must not, indeed we cannot, forget that there are other brave hearts (the Medical Staff) who have equally borne their share of the heat and burden of the day. Amongst that heroic band there has, too, been no shrinking, no holding back, but always hard at work—ay, in the very thick of the fight, too, these men have carried their lives in their hands, and by their praiseworthy conduct and painstaking certainly deserve a modicum of that approval and praise a satisfied and generous public is more than ever ready to bestow. John Bull has a long purse we know, but in spending his money freely he certainly desires to see something for his outlay, and he may rest assured (lay correspondents have noticed it) that the sick and wounded are well cared for, and that no department has been better administered in the Soudan than this has been. The hospital accommodation has as yet been ample. The bearer companies are complete and efficient, the medicines and the comforts sufficient and good, whilst the officers themselves have been kind, patient, as well as brave unto death. Poor Lane was nearly the first to fall, and Surgeon-General O. Barnett may be well complimented indeed for the excellence as well as the efficiency of his arrangements throughout the present campaign.

UNIVERSITY DEGREES FOR LONDON MEDICAL STUDENTS.

A NUMEROUS and influential deputation of the Metropolitan Counties Branch of the British Medical Association was received by the Senate of the University of London (Sir James Paget in the chair) on Wednesday last, at 5 P.M. From the large attendance of the members of the Senate of the University there is every reason to think that the objects of the deputation are engaging, at least, the serious attention of those interested in the cause of medical education.

Sir JAMES PAGET, in opening the proceedings, informed the deputation that the report of the Council of the Metropolitan Counties Branch of the British Medical Association had been in the hands of each member of the Senate, and had received the earnest consideration of that body. He would be glad to hear any remarks from the members of the deputation.

Mr. MACNAMARA, President of the Branch, said that the chief object of the deputation was to obtain from the Senate of the University some promise that the examinations of the University for the degree of Doctor of Medicine should undergo certain modifications which would have the effect of rendering it possible for the majority of London medical students to obtain a degree in Medicine. He did not wish to define accurately the changes which ought in the opinion of the deputation to be made, but it would be sufficient if the Senate would undertake to make such concessions as would meet the necessities of the case. Speaking for himself, Mr. Macnamara considered that the present examinations were too stringent only in the requirements of the Preliminary Scientific and Matriculation Examinations; but he did not think there would be any occasion to lower the standard of the final examinations. He urged that the time at the disposal of medical students generally being limited, it should not be wasted by the acquisition of knowledge which would ultimately prove useless.

Dr. BRISTOWE urged that the preliminary examinations were unnecessarily severe, and considered that all that was necessary for the medical student to become a sound practitioner, and deserving of a degree, was that he should have a tolerable general education, and that he should be well grounded in the practice and theory of medicine.

Dr. CHOLMELEY was of opinion that the examinations were too stringent all round, and hoped that the Senate would see its way to compliance with the objects of the deputation.

Dr. LAUDER BRUNTON said that there was a want of sympathy between the University of London and the medical schools, and this was different from what existed at other Universities, such as Victoria and Edinburgh. In the last named Universities the teachers of the students formed part of the examining body of the University. At the University of London, the teacher seldom being the examiner, it was possible for the candidate to fail to satisfy the examiner, because what the teacher perhaps considered unimportant the examiner might regard as very important and give discredit accordingly, and *vice versâ*. He suggested that a less severe curriculum should carry with it the title of M.D., whilst the present stringent course should confer the degree of Doctor of Medical Science.

Dr. WADE (Birmingham) hoped that the Senate would bring the degree in Medicine within reach of the majority of medical students.

Sir WILLIAM MAC CORMAC pleaded for modifications in the earlier examinations only.

Sir JAMES PAGET said it was a mistake to suppose that it was useless to approach the Senate with the views which the deputation had put forward. It was the object of the Senate of the University of London to raise medical education in all its branches, and at the same time to make the degrees accessible to medical students. But it was very difficult to strike a fair medium between all the various views which had been laid before the Senate. The Senate had considered how this might best be done in conformity with the aim of the University that its M.D. degree should represent a higher degree of attainment than that expressed by the M.D. degree of any other University. He assured the deputation that the Senate was very far from disregarding the views of others, and he asserted that movements had gone on in the Senate which already had resulted in considerable modification—as, for example, in the Preliminary Scientific Examination. The deputation might rest assured that their views would receive careful attention.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Blackpool Urban District.—The death-rate for Blackpool during 1884 was 19 per 1000, including visitors; but on making the needed corrections the rate was 17·1, which exhibits an excess on that for 1883, the excess being accounted for by the prevalence of autumnal diarrhœa. For much the same reason the infant mortality under one year reached 146 per 1000 births registered, as opposed to 139 in the previous year. These higher death-rates have to a large extent been due to mortality in the summer quarter, and, as Dr. Welch remarks, they are suggestive, in connexion with the overcrowding of the town at that season, of want of cleanliness personal and domestic, and of the general neglect of children. Superadded to these normal conditions, the heat of 1884 was exceptional. But Blackpool, though a principal health resort, is not altogether free from conditions which are distinctly inimical to health. Some of the old large privy-pits, which give off foul vapours and contaminate the subsoil, still exist; many of the ash-pits are uncovered, and are almost as great a nuisance as the privy pits; drainage is defective in nearly all the older houses, and the ventilation of the sewers is by no means perfect. Fortunately, however, sanitary work, which aims at the removal of these causes of disease, is steadily in progress. Thus, no less than 650 ash-tubs replaced offensive ash-pits last year, a house-to-house inspection is securing many improvements as to internal drainage, and Dr. Welch's advice as to conveying the sewer air above the level of the houses and otherwise improving the system of sewerage is being considered. The Sanatorium, which we assume is the same faulty one as formerly, did some substantial good by securing the isolation of twenty infectious cases. Some work of disinfection is also carried out, but it would appear to be hindered from want of proper appliances. Blackpool is so largely frequented by those who are in quest of health, and it is so deservedly a popular pleasure resort, that we hope no efforts will be spared in the direction of getting rid of all removable causes of disease, and in providing the town with suitable modern buildings and appliances for preventing the spread of infection amongst the population.

Aylesbury Rural District.—Dr. Hilliard reports that during the drought of 1884 the sources of the Chiltern Hills water-supply failed to give an adequate service. This is a most unfortunate occurrence, since one of the principal sanitary wants of many places within reach of the company's works, lies in the substitution of the Chiltern Hills supply for the suspicious well waters. Both scarlatina and diphtheria were somewhat severely prevalent in the district, the latter notably at Bierton. Dr. Hilliard refers to the analogy between the two diseases, but expresses the belief that they are distinct in their origin and that neither is capable of producing the other. On the other hand, he admits that the conditions which favour the germination of the scarlatina spore are equally favourable to the development and support of the seeds of diphtheria, so that the two diseases flourish contemporaneously, and in the theory that both may have evolved from a remote common ancestor he sees a harmony with the new favourite evolution theory. The mortality of the district was 18 per 1000 for 1882, in 1883 it was 17, and for 1884 it had fallen to 16.

Sittingbourne Urban District.—The general sanitary work of this district is reported by Dr. Sutton as progressing favourably, and the death-rate for last year is given as 16·6 per 1000. The infectious hospital has again proved to be a great safeguard against the spread of disease. Four patients were attacked with scarlatina, they were removed to the sanatorium, and no other cases ensued. The slaughter-houses and bakeries have been carefully inspected, and such defects as were found in them and elsewhere have been remedied.

Milton Rural District.—Here Dr. Sutton reports a death-rate of only 11·9 per 1000. The prejudice formerly existing against isolation in the Sittingbourne and Milton Joint Hospital is disappearing, and sanitary work is steadily advancing, defective conditions being remedied by such structural alterations as are needed.

Watford Urban District.—In his annual report for 1884 Dr. Brett draws the serious attention of the Local Board of Health to the want of means of isolation for non-pauper patients, the only accommodation available being an iron shed on the workhouse grounds, and even this is not furnished. He also advocates the provision of efficient sewer ventilation, and points out that the iron shafts at present existing are useless for this purpose. Permanent means of sewer flushing are also wanted to replace the work now inefficiently carried out by water-carts. Excluding deaths, occurring in the workhouse, of persons from outlying places, the rate of mortality was 17·8 per 1000.

Hastings Urban District.—The borough of Hastings, with a population now estimated at 46,310, had in 1884 a death-rate of 15·9 per 1000, which is below the average of that which prevailed during the preceding ten years. The zymotic rate was 1·8 per 1000, and it included 28 fatal attacks from diarrhœa, which was more than usually prevalent amongst children. For some of the zymotic diseases the sanatorium was most useful, 45 patients, including 31 cases of scarlatina, being admitted during the year. A thorough system of house inspection is in progress, 790 premises having been overhauled during the past year, and many defects being in consequence remedied. Dr. Knox Shaw also reports an improvement in the removal of house refuse from premises. A Bill is to be presented to Parliament which includes certain clauses as to sanitary matters. One relates to the appointment of a building surveyor, an officer who is really essential in every populous place where the authority are desirous of seeing efficient building bye-laws properly carried out. Another requires notification of infectious diseases from both the occupier and any medical practitioner in attendance. Opposition to that part of this provision which relates to the medical practitioner is being raised by many medical men in the borough. A third clause authorises the construction of a destructor for the treatment of all forms of waste refuse.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5799 births and 3994 deaths were registered during the week ending April 25th. The annual death-rate in these towns, which had been equal to 25·0 and 23·2 per 1000 in the two preceding weeks, rose again last week to 23·4. During the first three weeks of the current quarter the death-rate in these towns averaged 23·9 per 1000, against 24·1 in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 15·7 in Derby, 17·4 in Portsmouth, 18·4 in Leicester, and 18·8 in Birmingham. The rates in the other towns ranged upwards to 31·2 in Sunderland, 32·2 in Preston, 34·9 in Cardiff, and 35·4 in Newcastle-upon-Tyne. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had increased in the eight previous weeks from 377 to 484, further rose last week to 529; they included 218 from measles, 127 from whooping-cough, 45 from diarrhœa, 42 from small-pox, 40 from "fever" (principally enteric), 32 from scarlet fever, and 25 from diphtheria. No death from any of these diseases was registered last week either in Derby or in Bolton; whereas they caused the highest death-rates

in Manchester, Cardiff, Sunderland, and Newcastle-upon-Tyne. The greatest mortality from measles occurred last week in Manchester, Sunderland, and Newcastle-upon-Tyne; from whooping-cough in Cardiff and Blackburn; from scarlet fever in Leicester and Sunderland; and from "fever" in Portsmouth, Salford, and Norwich. The 25 deaths from diphtheria in the twenty-eight towns included 10 in London, 7 in Liverpool, 2 in Preston, and 2 in Newcastle-upon-Tyne. Small-pox caused 72 deaths in London and its outer ring of suburban districts, 1 in Bristol, 1 in Liverpool, and 1 in Manchester. The number of small-pox patients in the metropolitan asylum hospitals, which had increased in the preceding four weeks from 830 to 1062, declined again to 1034 on Saturday last; the admissions, which had been 141, 185, and 307 in the previous three weeks, declined again last week to 246. The Highgate Small-pox Hospital contained 89 patients on Saturday last, 26 cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 512 and 449 in the preceding two weeks further declined last week to 382, and were 41 below the corrected weekly average. The causes of 82, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Bristol, Leicester, and in three other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, Derby, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 25·0, 23·4, and 23·3 per 1000 in the preceding three weeks, further declined to 22·7 in the week ending the 25th ult., and was 0·7 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 12·9 in Leith and 18·3 in Greenock, to 23·7 in Paisley and 27·1 in Glasgow. The 555 deaths in the eight towns included 30 which were referred to whooping-cough, 20 to measles, 14 to diarrhœa, 9 to "fever" (typhus, enteric, or simple), 4 to scarlet fever, 4 to diphtheria, and not one to small-pox; in all, 81 deaths resulted from these principal zymotic diseases, against 68 and 76 in the preceding two weeks. These 81 deaths were equal to an annual rate of 3·3 per 1000, which was 0·2 above the mean rate from the same diseases in the twenty-eight English towns. The deaths from whooping-cough in the eight towns, which had been 34, 17, and 23 in the preceding three weeks, further rose again to 30 last week, of which 19 occurred in Glasgow, 4 in Edinburgh, and 3 in Greenock. The 20 fatal cases of measles showed a decline from recent weekly numbers, and included 19 in Glasgow. The 14 deaths attributed to diarrhœa differed very slightly from the average. The deaths referred to "fever," which had been 10 and 7 in in the previous two weeks, were 9 last week, of which 3 occurred in Glasgow, 2 in Edinburgh, and 2 in Dundee. Three of the four deaths from diphtheria were returned in Glasgow; and the 4 from scarlet fever included 2 in Glasgow and 2 in Paisley. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 134 and 131 in the preceding two weeks, further declined to 118 last week, but were 9 above the number returned in the corresponding week of last year. The causes of 72, or 13 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 32·2 and 33·7 per 1000 in the preceding two weeks, further rose to 34·0 in the week ending April 25th. During the first three weeks of the current quarter the death-rate in the city averaged 33·3 per 1000, the rate during the same period not exceeding 22·6 in London and 18·6 in Edinburgh. The 230 deaths in Dublin last week showed a further increase of 2 upon the numbers in the two preceding weeks, and included 28 which were referred to the principal zymotic diseases, against 29 in each of the two preceding weeks; 15 resulted from measles, 4 from "fever" (typhus, enteric, or simple), 3 from scarlet fever, 3 from diarrhœa, 2 from whooping-cough, 1 from diphtheria, and not one from small-pox. These 28 deaths were equal to an annual rate of 4·1 per 1000, the rate from the same diseases being 3·3 in London and 2·1 in Edinburgh. The fatal cases of measles in Dublin, which had been 19 and 15 in the previous two weeks, were again 15 last week. The deaths referred to "fever" showed a decline of 4 from the number in the previous week; while the deaths from the other zymotic diseases scarcely differed from the numbers in recent weeks. Six inquest cases and 6 deaths from violence were registered. Nearly a third of the deaths were recorded in public institutions. The deaths of infants showed an increase upon those in the previous week, while those of elderly persons had declined. The causes of 32, or nearly 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ARMY MEDICAL ARRANGEMENTS IN CASE OF WAR.

IN case of war, the Director-General of the Army Medical Staff is believed to have arranged for the employment on active service of a large number of civilian surgeons at such a rate of pay as to secure the services of really good men—£3 a day is mentioned. It would be cheaper to do this than to give an indefinite number of commissions in the Medical Staff, as in that case, at the conclusion of operations, the number of medical officers would far exceed the requirements of the service. As almost all the officers of the staff would be ordered abroad, the home duties would be performed by retired medical officers and civilian surgeons engaged for the emergency, with perhaps one medical officer on full pay in charge of each important hospital or station.

Surgeon-General Charles Dodgson Madden, of the Army Medical Staff, who served with distinction in the Crimean, Indian mutiny, and Abyssinian campaigns, has taken over the position of Principal Medical Officer to the troops in India, vice Surgeon-General Sir A. D. Home, V.C.

It having been decided to strengthen the medical department at Quetta, in view of the augmentation of troops there, Surgeon-Majors Montgomerie, Blennerhasset, and Fitzroy Maclean, of the Army Medical Staff, have been ordered thither, and several other officers of the same department have also been placed under orders for the same destination.

WAR OFFICE.—Army Medical Staff: Surgeon-Major Tobias Barnwell is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major Edward Eustace is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major William O'Byrne White is granted retired pay, with the honorary rank of Brigade Surgeon; Deputy Surgeon-General Edward Malcolm Sinclair, M.D., has been placed on temporary half-pay on account of ill-health; Surgeon-Major William Frederick Ruttledge is granted retired pay, with the honorary rank of Brigade-Surgeon.

INDIA OFFICE.—The Queen has approved of the retirement from the Service of the undermentioned Officers of Her Majesty's India Military Forces:—Deputy Surgeon-General Arthur James Payne, M.D., of the Bengal Army; Deputy Surgeon-General William Pearl, of the Madras Army; Brigade Surgeon Edmund Eyre Lloyd, of the Madras Army; Surgeon-Major Thomas Stick Veale, of the Bengal Army. The undermentioned Officers have been granted a step of honorary rank on retirement:—Deputy Surgeon-General Arthur James Payne, M.D., of the Bengal Army, to be Surgeon-General; Brigade Surgeon William Peyton Partridge, of the Bombay Army, to be Deputy Surgeon-General; Surgeon-Major Robert Pringle, M.D., of the Bengal Army, and Surgeon-Major Thomas Stick Veale, of the Bengal Army, to be Brigade Surgeons.

MILITIA MEDICAL STAFF.—Surgeon Thomas Allman, 3rd Battalion, the Connaught Rangers, to be Surgeon-Major.

ADMIRALTY.—The following appointments have been made:—Surgeon H. S. R. Sparrow, to the *Asia;* Mr. R. F. B. Halpen, to be Surgeon and Agent at Arklow, Mizen Head, and Kilmichael; and Mr. John Macdonald, to be Surgeon and Agent at Ardrossan.

ARTILLERY VOLUNTEERS.—2nd Devonshire: Alfred Hughes Twining, Gent., to be Acting Surgeon.—1st East Riding of Yorkshire: Acting Surgeon William Draper to be Surgeon.

RIFLE VOLUNTEERS.—4th Hampshire: Surgeon Henry Geary Dyer, from the 2nd Hampshire Rifle Volunteer Corps, to be Surgeon; Acting Surgeon Edward Roe, from the 2nd Hampshire Rifle Volunteer Corps, to be Acting Surgeon; Acting Surgeon Justyn G. D. Douglas, M.D., from the 2nd

Hampshire Rifle Volunteer Corps. to be Acting Surgeon. The above-named officers will be considered to have received Commissions of the same rank and date as those previously held by them in the 2nd Hampshire Rifle Volunteer Corps.—2nd Volunteer Battalion, the Worcestershire Regiment: Honorary Assistant-Surgeon William Smith Batten to be Surgeon. 1st Volunteer Battalion, the Princess of Wales's Own (Yorkshire Regiment): Surgeon and Honorary Surgeon-Major Robert Fothergill resigns his Commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement.

Correspondence.

"Audi alteram partem."

DR. WEBER'S CROONIAN LECTURES.

To the Editor of THE LANCET.

SIR,—In one of Dr. Hermann Weber's interesting Croonian Lectures on the Hygienic and Climatic Treatment of Chronic Pulmonary Phthisis, which have just appeared in THE LANCET, he expresses a hope that some means may eventually be discovered of destroying the bacillus and its spores, either in the air we breathe or in our tissues, without injury to ourselves. I have long thought that if we are to contend successfully with phthisis, and set some limit to its diffusion, it is in the direction here indicated that our labours may most profitably be expended. For, as Dr. Weber remarks, "when once the system is infected, we do not yet know of any parasite-killing remedies which, in effective doses, would not injure the host together with the parasite." The mischief, in fact, is then done, the fatal seed is sown, the bacilli are protected within the tissues and secretions of the lungs, and antiseptics are comparatively useless. On the subject of disinfectants in their varied bearings much has been written of late years: some apparently coagulate albumen; others oxidise organic matter; while others, again, are fatal to the growth and increase of microzymes. Many of these substances have long been used in cases of sickness, and in numerous instances beneficial results have followed their adoption. But though we are often told that antiseptic gases sufficiently potent to destroy contagium cannot be tolerated by the living tissues, we still know comparatively little regarding the amount of rough usage the respiratory organs are capable of enduring, not only with impunity, but in some cases with apparent advantage. The information we possess on this subject is certainly scanty; still, certain facts have been recorded which tend to show that healthy lung tissues may be beneficially influenced by the action of disinfectants, and at times seemingly protected from the inroads of the bacillus. Whether in such cases these organs become so altered in their chemical composition, or in their vital properties, as no longer to prove a congenial soil for the growth of the parasites, or whether the bacilli and their spores are themselves destroyed, we have at present no means of deciding. In confirmation of these remarks, I would refer to what really may be looked upon as extended experiments on antiseptic remedies, continually and efficiently carried out in the north-western Highlands and islands of Scotland. The great majority of the inhabitants of these districts unwittingly expose their lungs to an atmosphere largely charged with disinfecting fumes, thereby teaching us a useful lesson on the extraordinary tolerance of the respiratory organs to such sources of irritation. I will briefly describe the mode of life of these Highlanders in so far as the construction and heating of their dwellings is concerned, as in this manner the singularly abnormal atmospheric conditions to which they are exposed may be most conveniently studied. The houses to which I refer are known in the Highlands as "bothies," and are the homes of the hardy Crofters to whose grievances public attention has of late been so strongly directed. Many of them live under the same roof as their cattle, and in numerous instances the air of the dwelling reeks with the impure exhalations given off from the excretions of these joint inmates of the cabin. These primitive dwellings are warmed by a peat fire kept constantly burning in the centre of the floor; the luxury of a chimney is often altogether unknown. The smoke which rises from the combustion of this fuel, after thoroughly diffusing itself through every nook and corner of the building, makes its escape by a hole in a corner of the roof. Now, it may be asked, how is the health of these persons influenced by inhaling constantly both by day and by night such an atmosphere as this—an atmosphere so pungent that considerable irritation of the eyes and nostrils is frequently experienced by those exposed to the fumes? Generally speaking, these Highlanders are remarkably vigorous and long-lived, and singularly exempt from the ravages of tubercular phthisis. Indeed, so rare is consumption in these hovels that I was led to investigate the causes of this immunity upwards of twenty-five years ago, and published the results of my inquiries in an article on "The Non-prevalence of Consumption in the Hebrides and along the North-Western Coast of Scotland," which appeared in the *British and Foreign Medico-Chirurgical Review* for October, 1860. At that time I visited most of the districts to which my investigations extended, and from what I saw and heard came to the conclusion that the comparative immunity from phthisis which these persons enjoy is to be ascribed, chiefly at all events, to the inhalation of the peat smoke and the antiseptic ingredients contained therein, the tar, the creasote, and the tannin, together with various volatile oils and resins. Black unctuous peat is rich in these substances. At that time, I need hardly say, nothing was known of the bacillus of Koch. It further appeared that any exemption from attacks of consumption which these Highlanders enjoy was only extended to them so long as they resided in their smoky huts. When they migrated to other parts of the country, or took up their abode in chimneyed dwellings, they often suffered like their neighbours; nor after the lungs once became infected was a return to the homes of their fathers followed by favourable results; the fumes of the smoky cabin then exercised no curative influence. The inference to be drawn from these remarks is sufficiently obvious: when the bacillus has once established itself in the lungs the time for antiseptic remedies has gone by. On the other hand, where there is merely a predisposition to phthisis, whether hereditary or acquired, where also the climatic or social conditions for its diffusion are favourable, and where healthy persons are brought into close contact with those who are suffering from the disease, there it is reasonable to assume that disinfectants may prove of great value as prophylactics. Hence we may anticipate that in the course of time an efficient system of aerial fumigation will not alone assist the physician in warding off disease, but may enable the surgeon also to dispense with the cumbrous appliances associated with antiseptic dressings and the steam-diffusing urn.

I am, Sir, yours truly,

Manchester, April, 1885. JOHN ED. MORGAN, M.D. Oxon.

THE VICTORIA UNIVERSITY, MANCHESTER.

To the Editor of THE LANCET.

SIR,—In reference to the paragraph in your issue of April 25th relating to the facilities for graduation offered by this University to qualified practitioners, I wish to be allowed to state that attendance upon lectures in a college of the University for at least two years is indispensable in all cases before graduation. This is a provision of the Charter empowering the University to grant medical degrees, and is one which the authorities have no power to dispense with. I should be much obliged if you would publish this explanation, as I have received many letters written under an impression that the degree of M.B. is now offered to qualified practitioners on condition only of their passing the Intermediate and Final Examinations for that degree. The new regulation simply excuses those whose qualification is anterior to 1885 the Preliminary Examination in Science and the attendance thereat.—Yours faithfully,

April 29th, 1885. ALFRED T. BENTLEY, Registrar.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—It would appear that the Council of the College, in their proposed new Charter, desires to perpetuate a grievance, and to still render meetings of Fellows and Members inoperative, by providing that only business shall be entertained which has *the consent of the Council*. What

would be thought if the Government—with the view, for instance, of silencing the Home Rulers—were to enact that nothing should be brought forward in the House of Commons without the consent of the Cabinet? And yet this is the position in which the Council of the College desires to keep the Fellows and Members when proposing to meet in their corporate capacity. I feel that such legislation, or the desire to retain it, by those appointed to represent without fear or favour a great English institution, is much to be regretted. If the right of meeting is to be conceded at all, let it be free and unfettered, or it is not worth having at any price. I trust that a representation will be made to the Home Secretary upon this point, before an unconstitutional regulation is allowed to form part of the revised Charter of our College. I am, Sir, your obedient servant,

Liverpool, April 25th, 1885. REGINALD HARRISON.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

PUERPERAL FEVER AND PRACTITIONERS.

AT an inquest held here last week upon the body of a female who died a few days after her confinement, the cause of death was shown to have been puerperal fever. It appeared that the gentleman who attended at the confinement was unable to attend, on an urgent message being sent as to the patient's condition, but another practitioner went in his place. It came out in the evidence that both had been attending cases of puerperal fever previous to their seeing the deceased. The jury found that death had resulted from puerperal fever, but how she had contracted that disease there was not sufficient evidence to show. They were, however, of opinion that the conduct of the doctor in attending deceased in her confinement and at the same time attending persons suffering from puerperal fever, was highly unsafe and improper. This is one aspect of the case; but there is another not shown. In poor neighbourhoods often very pressing demands are made upon the practitioner as regards midwifery attendance, and if engaged to a case he feels bound to attend, while if he neglects he is equally open to censure from a coroner's jury should any untoward event take place. The moral is that young practitioners, in attending cases, should be more careful of risk to their patients and themselves.

THE VOLUNTEER REVIEW AT GOSFORTH.

A meeting of the Volunteer medical officers has been held in Newcastle, when it was unanimously resolved to form a complete bearer company of the ambulance detachments of the different corps taking part in the review at Gosforth-park on Whit Monday; and to march past in bearer company formation. This is the first bearer company that has paraded at a review in the north. Surgeon-Major Frazer, A.M.D., from the depôt, occupied the chair at the meeting, when it was stated that the general commanding the district would inspect the Gosforth Corps, of whom from 7000 to 8000 volunteers will be present. It may not be amiss to mention an incident which occurred here at a former review, as showing that some little discrimination is desirable in giving tickets to those who are appointed to fall out as wounded and requiring ambulance attention. A corporal was found as wounded, and the bearers from his ticket saw that it was a case of gunshot wound of the leg, and that the corporal would have to be carried to the ambulance tent in the rear, and at a considerable distance. The corporal, whose "fighting weight" was nearly 20 st., was duly and carefully rolled on to the stretcher; but the bearers, being slight lads, found that they could make no progress with their burden, while the "wounded," thinking it rather dull, picked up his rifle and ran back to the ranks.

DEATH OF DR. BOWMAN.

The death of Dr. H. O. Bowman, of Sunderland, has deprived that borough of a well-known physician and magistrate. Dr. Bowman, who was in his sixty-sixth year, had been ailing for some time, but it was not until about a week ago that his illness assumed a serious character. On the 22nd ult. he was known to be in a sinking state, and he died on the following Thursday night. The deceased was a native of Carrickfergus, near Belfast, and had been in practice at Sunderland for forty years, first coming as an assistant to the well-known Dr. Clanny; afterwards he commenced practice on his own account. About eighteen years ago he gave up general practice, but continued acting as a physician until quite lately. He was consulting surgeon to the Royal Albert Asylum, Lancaster, and also a consulting surgeon to the Sunderland Infirmary.

A VERY "CURIOUS" CASE.

"Vomiting an Ask." Under this heading a paragraph has appeared in the *Alnwick Herald*, stating that a boy, aged ten, fell ill about three months ago. He lost appetite and became very weak and emaciated, being at one time treated for gastric fever, but all to no avail until a local practitioner was called in, and he at once administered an emetic, which resulted in bringing forth from the boy's stomach a full-grown newt, locally termed an "ask" (*asker*). Since then the boy has completely recovered health, and has "never looked behind him." I make no comment on the case further than to say that country editors sometimes swallow "queer" things.

Newcastle-on-Tyne, April 29th, 1885.

EDINBURGH.

(From our own Correspondent.)

UNIVERSITY GRADUATION IN ARTS.

ON Wednesday, April 22nd, the annual graduation ceremonial in the Faculties of Arts, Law, and Divinity took place. Honorary degrees were conferred upon several distinguished scholars and authors, amongst whom were M. Renan (conferred *in absentia*), Mr. Leslie Stephen, Mr. Theodore Walrond, and Dr. C. J. B. Williams.

ANNUAL ADDRESS: UNIVERSITY REFORM.

After the formal ceremony of "capping" the graduates was concluded, Professor Crystal delivered an address dealing chiefly with the subject of University Reform, and advocated the adoption of open teaching within the University. Each subject, he said, should be taught by additional teachers as well as by the ordinary professor, and these should be recognised as professors extraordinary or as *privatim docentes*, with a definite academic position. This he would wish carried out in all the Faculties in the University; and the intra-academical competition thus produced would obviate the necessity for an extra-academical school. The provision of increased scope for extra-mural teaching he deprecated on the ground that its main object would be to prepare candidates for examination, and it would thus inevitably bear upon it the stigma of a cramming system. Professor Crystal's reasoning may, and probably does, bear cogently upon the case of an Arts or Philosophical Faculty, but it is directly at variance with what long experience has proved to be the best arrangement in the Faculty of Medicine. The greatest teachers of whom Edinburgh can boast were extra-academic lecturers at one part of their career, and in most cases made their fame as such; and the extra-mural school has kept up the name of Edinburgh as a popular seat of learning during periods when the light within the University was darkness. The historical argument tells strongly against Professor Crystal's view, and it is to be feared that his system, applied in however broad a spirit to the Faculty of Medicine, would not prevent temporary diminutions in the lustre which the present keen competition outside tends to preserve within the University. A plea for the extension of the extra-mural system of teaching under the provisions of the Universities (Scotland) Bill has already been urged by the Edinburgh University General Council Association, and similar representations were recently made to the Lord Advocate by representatives of the corresponding Association of Glasgow University.

ST. ANDREWS AMBULANCE ASSOCIATION.

At a meeting lately held, the Edinburgh branch of the St. Andrews Association gave a series of practical demonstrations of the work carried on under its auspices. The necessary evolutions for the resuscitation of the drowned, the temporary treatment of fractures and other injuries, and a number of ingenious methods of transporting the injured were put into practice by the trained students of the Association before a large and enthusiastic general audience.

UNIVERSITY EDUCATION FOR WOMEN.

In presiding recently at a meeting of the Edinburgh Association for the University Education of Women, the Countess of Aberdeen referred to the presence of clauses in the Universities Bill enabling the Scottish Universities to provide for the graduation of women, and congratulated the Association upon the results of the work which it has carried on in the same direction.

IRELAND.

(From our own Correspondent.)

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual election for examiners of this College takes place the first Tuesday in May; but on this occasion the Council, in order to obtain the new supplemental Charter, which is now in the hands of the Lord Lieutenant, have at a recent special meeting adjourned it to the 19th, or the third Tuesday in the same month. By the new Charter lecturers attached to medical schools will now be eligible for examiners. No examiner for the future is to hold office for more than three consecutive years, and if he engages in private teaching his election will be null and void. It is understood that not more than two teachers connected with any one school or hospital will be eligible to obtain seats on the Board of Examiners. These alterations are just and proper, and, by providing for a more frequent change in the composition of the Courts of Examiners, will do away with the long-existing evil. Rumour has it that one or more members of Council under the new regulations will be candidates for examinerships, and if so they must previously resign their seats as councillors. The annual elections for President and Council will take place early in June. Among other candidates for seats in the Council will be Dr. Edward Hamilton, Professor of Surgery in the Medical School of the College, who, it is needless to say, will be duly elected.

VISIT OF THE PRINCE OF WALES.

Among the numerous addresses presented to the Prince and Princess of Wales during their visit to Belfast was one from the President and Professors of the Queen's Colleges, and another from the members of the Ulster Medical Society. In that from the College it was remarked that it was the first University College in Ireland to admit women to its classes. The Prince having replied, Miss Everett, mathematical scholar of the Royal University of Ireland, on behalf of her fellow-students, presented a bouquet to the Princess, in recognition of the interest evinced by Her Royal Highness in the higher education of women. The visit of the Prince of Wales to this country has been a most successful one; but I regret to have to add that two members of our profession conducted themselves in a manner unworthy of their education and social position. Dr. Charles Tanner of Cork, for the part he took among a disorderly mob on the occasion of the visit of the Prince, has received an intimation from the secretary of the Royal Cork Yacht Club at Queenstown that it is the intention of the members to propose his expulsion from the Club. The other person is a Dublin surgeon, who had a black flag attached to his residence during the visit. It is gratifying to note that this conduct has met with a well-merited rebuke, for at a meeting of a Medical Society last week, on his commencing to read a paper, almost all present rose *en masse* and left the room, to express their disapproval of his conduct.

UNIVERSITY OF DUBLIN.

In consequence of the death of Earl Cairns, Chancellor of this University, an election of a successor will take place early in May. The Board have submitted the following to the Senate for their selection—viz., the Earl of Rosse, the Marquis of Waterford, and the Earl of Milltown.

A FOOLISH HOAX.

A very stupid trick was played by some person who inserted in the obituary column of a Dublin newspaper this week a statement to the effect that Mr. Wheeler, a hospital surgeon well known in this city, had died last Sunday. As Mr. Wheeler is still in good health, it is to be hoped that the perpetrator of this hoax will be discovered and punished.

DUBLIN HOSPITAL SUNDAY FUND.

Before leaving Dublin the Prince of Wales handed the Dean of the Chapel Royal a sum of 100 guineas in order to be lodged to the account of the Hospital Fund for 1885.

As regards the statue in memory of the eminent lithotomist, Mr. William Dease, to which I alluded last week, I may add that it will be placed in the entrance hall of the Royal College of Surgeons, and probably will represent Mr. Dease seated instead of standing, as the height of the hall is not such as will permit the latter position.

Dublin, April 28th, 1885.

THE ROYAL COLLEGE OF PHYSICIANS.

AT a Comitia of the Fellows of the College, held on Thursday (30th ult.), Dr. Frederick Farre, Vice-President, in the chair, a large number of Members were duly elected to the Fellowship of the College. (The list is published on another page.)

On the motion of the President, an honorarium of 100 guineas was unanimously voted to Dr. Ord in recognition of his services as Secretary of the Committee and Editor of the Revised Edition of "The Nomenclature of Diseases."

A Report from the Council respecting the Croonian Trust was, after some discussion, received and ordered to be circulated. Owing to the great increase in the sums received under this Trust, it is proposed to take steps to obtain permission to extend its application beyond the payment of an annual lecturer.

A recommendation was adopted from the Committee of Management of the Examining Board for England to the effect that the regulations applicable to the admission of candidates from the English Universities be extended to such of the Scotch and Irish Universities as require a residence of at least two years at the University; and that the Colleges retain the right to withhold such privilege if the examination of any University fail to come up to a certain standard. It was also resolved to accept the diploma of M.D. of the University of Toronto as qualifying for admission to the Membership Examination.

A report of a committee appointed to consider the question of publishing Harvey's manuscript lectures was received, and its consideration adjourned.

On the motion of Dr. Wilson Fox, the College appointed a committee to advise as to steps to be taken with reference to the signing of lunacy certificates.

SHIRLEY MURPHY TESTIMONIAL.

FIRST SUBSCRIPTION LIST.

Samuel Morley, Esq., M.P.	£10	0	0	Dr. James Wakley	£2	2	0
Dr. Cayley	2	2	0	R. F. Charles, Esq.	1	1	0
Dr. Jas. F. Goodhart	1	1	0	Dr. E. Seaton	1	1	0
Dr. Thos. Barlow	1	1	0	W. Ash, Esq.	5	5	0
Rev. A. Godson	1	1	0	Miss E. S. Lidgett	1	1	0
William Wilson, Esq.	2	2	0	J. Whitcher, Esq.	1	1	0
Chas. Wilson, Esq.	1	1	0	Jas. Fraser, Esq.	1	1	0
William Hickson, Esq.	1	1	0	T. F. Gandar, Esq.	2	2	0
Dr. J. G. Glover	2	2	0	Miss Gandar	1	1	0
Thomas Wakley, Esq., jun.	1	1	0	J. A. Heaton, Esq.	2	2	0
J. W. Gandar, Esq.	2	2	0	W. Adams, Esq.	1	1	0
John Hamer, Esq.	2	2	0	G. C. Ash, Esq.	21	0	0
Isaac Butler, Esq.	1	1	0	Berkeley Hill, Esq., F.R.C.S.	2	2	0
A Well-wisher	5	0	0				
Lady Henry Somerset	20	0	0	John Faulkner, Esq.	2	2	0
P. Bunting, Esq.	1	1	0	Thos. Reynolds, Esq.	1	1	0
A Friend	15	0	0	Morris Lewis, Esq.	1	1	0
J. Northcote Vines, Esq.	1	1	0	Thomas Wakley, Esq.	2	2	0

The Executive Committee wish it to be understood that the smallest contributions are acceptable.

MEDICAL NOTES IN PARLIAMENT.

Cremation.

IN the House of Lords on the 24th ult., the Earl of Dalhousie, in reply to the Earl of Onslow, stated that he did not quite know what the powers of the Government in the matter of cremation were. Some time ago they were asked to legislate with the view of regulating the practice of cremation by certain safeguards, but the Secretary of State thought at that time that the people of this country were not the least inclined to adopt it as an ordinary mode

of disposing of the dead. He would endeavour to ascertain what the views of the Secretary of State now were.

Lunacy Acts Amendment Bill.

On the 27th ult. the Lord Chancellor moved the second reading of the Lunacy Acts Amendment Bill. The Earl of Milltown, in supporting the Bill, thought it was to be regretted that the Government had not seen their way to vesting compulsorily private licensed houses in some public body, and thus get rid of that most objectionable element, profit. As long as the profitable system was allowed to continue he feared the public would never be altogether satisfied. At any rate he hoped this Bill would eventually and speedily lead to the total suppression of the system. Again, there was an absence of any provision that the proprietors of these houses should be properly qualified and fit persons; that was a point which was well looked after in other countries, and he thought it ought to be provided for in the Bill. Then, again, the Bill contained no provision that the medical officers should be independent persons, and that was a deficiency which he thought ought to be supplied. He could not understand why the Bill did not extend to Ireland. The lunacy laws of Scotland differed materially from those of England, and he could therefore understand why the Bill should not extend to Scotland; but there was very little difference between the law in England and in Ireland, and consequently he thought the Bill ought to include Ireland. The Bill was read a second time; and a Bill for consolidating the laws relating to lunacy was read a first time.

Rags and Small-pox.

In the House of Commons on the 23rd ult., the Lord Advocate, in reply to Dr. Farquharson, stated that he had communicated with the Board of Supervision in regard to the recent occurrence of two cases of small-pox among workers in the Woodside Rag Works, and that the attention of the Board has been directed to the fact that small-pox on more than one occasion had occurred among the operatives in the works referred to, and others. There could be no doubt that in some of these cases the infection had been traced to rags imported from abroad, as well as to the rags collected in this country. The Board's medical officer had made inquiries at the instance of the Board, but as it appeared very doubtful whether, under the Public Health Act, the Board could compel the papermakers to disinfect the bundles of rags before being used, the Board had mainly directed the attention of the local authority to the importance of making provision for the isolation and treatment of the infected persons, so as to prevent the spread of the disease.

The Custody of Lunatics.

On Thursday, Sir W. Harcourt, in reply to Mr. W. Corbet, who asked if his attention had been called to several cases recently reported, in which workhouse authorities refused to receive, even temporarily and pending inquiry, wandering insane persons for whom reception orders were duly made by police magistrates, said that he was clearly of opinion that the proper place for those poor unfortunate persons was neither the police cells nor the gaols, but the workhouse; but great difficulties had been raised by the workhouse authorities. He trusted to be able to insert a clause in the Lunacy Bill, now before the House of Lords, that would clear up the matter.

Obituary.

PAUL BENNETT CONOLLY,

SURGEON, ARMY MEDICAL STAFF.

THIS young medical officer, as we announced last week, died near Korti, on the Nile, of enteric fever, at the age of thirty. The news will cause great grief to a wide circle of friends, and at Charing-cross Hospital (his old school) his untimely death has produced a universal feeling of dismay and sadness. All who knew him predicted for him a brilliant future, and some account of what he has done is here appended. His first experience of war service was in the Russo-Turkish campaign at Bucharest, and he was present at the final attack upon Plevna. He was decorated by the King of Roumania with the Gold Cross. He next volunteered for service at the Cape during the last Zulu war, and was with Sir E. Wood in the many engagements preceding that of Kambula, taking part in the attacks on the Zlobani Hill and in the battles of Kambula and Ulundi. He was mentioned in dispatches for his gallantry at the Zlobani Hill, and at the end of the war received the medal and clasp. On returning to England he determined to enter the Army, and shortly after finishing his course at Netley was sent in command of a bearer company to the Cape during the Boer war. His next active duty was in the Egyptian campaign of 1882, where he was surgeon to the 2nd Bearer Company, and was present at the battles of Kassassin and Tel-el-Kebir, receiving the medal and clasp and Khedive's star. After his return he read for the Primary F.R.C.S., which examination he passed in May, 1884, holding at the time the appointment of Assistant Instructor to the Army Hospital Corps at Aldershot. When the relief of Gordon was determined on he volunteered his services, and was appointed to the light division of the Camel Corps, and has during the campaign been mentioned more than once in flattering terms by those who saw his arduous work between Korti and Gakdul. He was a typical specimen of the soldier-surgeon; pleasant, light-hearted, though sensitive to a degree, he combined a brave heart with a steady hand and a winning manner, with all the highest and essential qualities of a thorough surgeon.

STEPHEN HEMSTED, M.R.C.S.

MR. STEPHEN HEMSTED, whose death occurred recently at Newbury, Berks, was the eldest son of Henry Hemsted, M.D., many years coroner of the borough of Newbury; grandson of Stephen Hemsted, M.D., of Ilsley Hall, one of the coroners for the county of Berks; and great-grandson of Stephen Hemsted, surgeon, of Haverhill. He was born in 1802, and obtained his professional education under Mr. Abernethy at St. Bartholomew's Hospital. In 1825 he obtained the diploma of Membership of the Royal College of Surgeons of London, and commenced practice in Newbury, where he soon acquired an extensive reputation. Mr. Hemsted was universally respected throughout the district in which he resided, and will be long regretted by those who had the pleasure of being intimate with him.

JOHN CAUNT, M.R.C.S.

WE have to record the death of Mr. John Caunt, who for many years resided and practised as a surgeon at Wheeler Gate, Nottingham. He left Nottingham in 1856, and some time after was appointed by the chief inspector of factories, A. Redgrave, Esq., C.B., to a district in London. He discharged the duties of this office faithfully to within a short time of his death. The deceased gentleman was greatly esteemed by a large circle of friends and patients, by whom the announcement of his death will be received with regret, though he had attained the ripe age of eighty-two years. Mr. Caunt died on the 19th ult. at Dudley-place, St. Mary-terrace, Paddington, and was buried at Great Willesden.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following Members have been elected Fellows of the College:—

Carter, William, M.B. Lond., Liverpool.
Davidson, Alexander, M.D. Edin., Liverpool.
Smith, Thomas Gilbart, M.D. Dub., Harley-street.
Herman, George Ernest, M.B. Lond., West-street.
Finlay, David White, M.D. Glas., Montagu-street.
Skerritt, Edward Markham, M.D. Lond., Clifton.
Bennett, Alexander Hughes, M.D. Edin., Queen Anne-street.
Sangster, Alfred, M.B. Camb., Savile-row.
Semon, Felix, M.D. Berlin., Welbeck-street.
Harris, Vincent Dormer, M.D. Lond., Welbeck-street.
Ormerod, Joseph Arderne, M.B. Oxon., Upper Wimpole-street.
West, Samuel Hatch, M.D. Oxon., Wimpole-street.
Smith, Robert Shingleton, M.D. Lond., Clifton.
Smith, David Boyes, M.D. Edin., Netley.
Savage, George Henry, M.D. Lond., Bethlehem Hospital.
Thorburn, John, M.D. Edin., Manchester.
Owen, Herbert Isambard, M.D. Camb., Gloucester-gardens.
Carrington, Robert Edward, M.D. Lond., St. Thomas's-street.
Kidd, Percy, M.D. Oxon., Brook-street.
Sharkey, Seymour John, M.B. Oxon., Portland-place.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were admitted Members of

the College at a meeting of the Court of Examiners on the 23rd ult.:—

Arnold, William, L.S.A., Hale, Altrincham.
Hayes, Julian Philip Swindell, L.K.Q.C.P.I., Tavistock-crescent.
Collins, George Fletcher, L.K.Q.C.P.I., Dublin.
Barendt, Frank Hugh, L.R.C.P. Lond., Liverpool.
Fowler, Thomas Webb, L.S.A., Matlock.
Carrington, George Hedwig, L.S.A., Eccles.
Hughes, Samuel, L.S.A., Liverpool.
Robson, Herbert John, L.R.C.P. Ed., Leeds.
Crosby, Robert, L.S.A., Sunderland.
Armstrong, Leonard Henry, L.S.A., Cambridge-street.
Brown, Thomas Alexander, M.B. Edin., Edinburgh.
MacLaren, Murray, M.B. Edin., Edinburgh.
Barwise, Sidney, L.S.A., Birmingham.
Smith, Frankе Chamberlain Hart, L.S.A., Bedford.
Cooper, Chas. Bolingbroke, L.R.C.P. Lond., Liverpool.
Hubbersty, Robert Stephen, M.B. Edin., Stamford.

Admitted on the 24th ult.:—

Whitwell, Alfred Frank, L.S.A., Shrewsbury.
Hodgson, Gerald George, L.S.A., Brighton.
Matthey, Arthur, L.R.C.P. Ed., Southampton.
Hunter, George Holbrey, L.S.A., Frohlake, near Doncaster.
Strong, Henry Barlow, L.K.Q.C.P.I., Bernard-street.
Hebbiethwaite, Septimus Montague, L.S.A., Moor Allerton.
Crowdy, Francis Demainbray, L.S.A., Harcourt-buildings.
Scott, Bertal Hopton, M.D. Toronto, St. Peter's-road.
Joberns, William, L.S.A., Walsall.
Cockerill, John William, L.R.C.P. Lond., Portsdown-road.
Simpson, James Tracy, L.R.C.P. Ed., Approach-road.
Cook, Henry Samuel, L.S.A., Birmingham.
Beater, Orlando Palmer, M.B. Dub., Dublin.
Meison, George Hyde, L.S.A., Knowle, Warwickshire.
Wigam, William Harper, M.B. Durham, South Shields.
Hall, Gilbert Capel, L.S.A., Birmingham.
Fisher, Thomas Hammond, L.S.A., Southport.
Wakefield, Mark Joseph, M.B. Durham, Gateshead.

Admitted on the 25th ult.:—

Blakeney, Hugh Theophilus Weare, L.A.H. Dub., Dorking.
Evans, Robert, L.R.C.P. Ed., Granville-square.
Basset, Walter, L.R.C.P. Lond., Bristol.
Lysaght, William Connor, L.R.C.P. Lond., Bristol.
Kendall, Hy. Wm. Martindale, L.S.A., Bexley Heath.
Brooks, Jabez Pratt, L.S.A., Torrington-park.
Barnett, Lawrence, L.S.A., Swansea.
West, Charles James, L.R.C.P. Lond., Warwick-street.
Failes, Frederick George, L.S.A., Kings Lynn.
Baker, George Henry, L.S.A., Argyll-road, Kensington.
Brito, Philip Sebastian, M.B. Aberd., Ceylon.
Edginton, Alfred Dudley, L.S.A., Southampton.

Admitted on the 27th ult.:—

Browne, Harold Elliott, L.R.C.P. Lond., Wisbech, Cambs.
Hanson, Albert George, New South Wales.
Morgan, Edward Hume, New South Wales.
Harries, John Frail, L.S.A., Shrewsbury.
Davis, Edward Sandom Stone, L.S.A., Fowey, Cornwall.
Rothera, Frank, M.B. Ed., Nottingham.
Green, Chas. Robt. Mortimer, L.S.A., Morpeth-street.

Admitted on the 28th ult.:—

Blight, John Henry, L.R.C.P. Lond., Sladesbridge.
Cayley, Guthrie Neville, L.R.C.P. Lond., Windsor.
Booth, William Henry, L.R.C.P. Lond., Plymouth.
Smith, Frederick John, L.R.C.P. Lond., Bishopsgate.
Maynard, Frederic Pinsent, L.R.C.P. Lond., Barnes.
Walsh, Charles Lawrence, L.R.C.P. Lond., Oxford.
Armstrong, Hugh, L.R.C.P. Lond., Chalcot-crescent.
Tanner, Herbert, L.R.C.P. Lond., Bicester.
Creasy, Rolf, L.R.C.P. Lond., Ealing.
Garmany, Jasper Jewitt, M.D., Bellvue, Savannah, U.S.A.

Admitted on the 29th ult.:—

Nutting, Philip Henry, L.R.C.P. Lond., Warwick.
Woolmer, Shirley Lawrence, L.S.A., Charrington-street.
Wood, Edward, L.S.A., Tottenham.
Barrett, William Peard, L.S.A., Cheltenham.
Pedler, William Frederick, L.S.A., Tiverton.
Simmons, Harold, L.S.A., Ladbroke-grove-road.

The following candidates passed the Primary Examination in Anatomy and Physiology for the diploma of Member of the College at a meeting of the Board of Examiners on the 16th ult.:—

ANATOMY AND PHYSIOLOGY.—G. Oliver Richards and R. Baxter Booth, Charing-cross; Arthur Gervase Hendley, Arthur Bentham, and W. G. S. Brown, St. Bartholomew's; Jeremiah Penny, King's College; J. Albertus Exton and S. J. Cole, London; Cyril S. Davis, A. E. Poolman, W. B. Tresidder, W. G. Brett, and J. E. Moyse, Guy's; A. J. Moss, Manchester; L. W. Powell, University College; Charles S. Vines, E. Lycett Cropp, and G. J. Harris, Westminster; C. F. Rilot and W. H. Charles, Middlesex; J. H. Fardon, Bristol; F. W. Parker, A. H. Ward and E. Le Cronie Lancaster, St. George's; J. C. Barr, St. Mary's; R. F. Walker, St. Thomas's.
ANATOMY ONLY.—Albert Pearse, St. Bartholomew's; E. Stock Bell, St. Thomas's.
PHYSIOLOGY ONLY.—J. L. Johnston and C. H. Smale, Manchester; J. D. O'Sullivan, Dublin; H. B. Seddon, St. Thomas's; J. R. Gallard, London; A. Norman, Guy's; Frank Gilpin, Middlesex; H. Haniton Coates, St. Bartholomew's.

(Candidates referred for three months, 2; six months, 4.)

Passed on the 17th ult.:—

ANATOMY AND PHYSIOLOGY.—W. H. Cooper, W. Wallis Ord, C. H. James, J. H. Lotis, Frank Fowler, and H. H. Hefferman, St. Thomas's; H. W. Lewis, C. T. Boodlee Maisey, W. Wilfred Williams, Lewis Brown, G. L. Kemp, and Arlingham Carter, Guy's; C. Charan, Sen., and Charles Duer, University College; T. H. Clarke and John Maberly, Middlesex; Nugent E. Smyth, Birmingham; John Norton, Westminster; C. W. Ensor and W. Gostwyck Sargent, London; W. Byam Lane and T. Lakeman, St. Bartholomew's; S. B. Pedley, Charing-cross.
ANATOMY ONLY.—J. Mackenzie Bremner, King's College; W. H. F. Godwin, Westminster; Samuel H. Hughes and Frank Heasman, St. Bartholomew's; Nicholas Tyacke, Middlesex; G. H. Trenfield, Bristol; H. Cockerton, St. George's; G. R. Anderson, St. Thomas's.
PHYSIOLOGY ONLY.—F. Price Drury and A. F. Tyrrell, Middlesex; T. Warne Sargent, London; P. Allison Linnell, Manchester; C. H. Seal, University College.

(Candidates referred for three months, 3; six months, 3.)

Passed on the 18th ult.:—

ANATOMY AND PHYSIOLOGY.—T. J. Dabell, W. Griffith Williams, T. B. Spencer, and Reginald Martyn, St. Bartholomew's; John Forster, William Powell, W. A. T. Twemlow, and A. H. W. Hunt, Westminster; J. Porter Parkinson, E. B. Hastings, R. Foster Gill, and J. B. Gould, University College; Charles H. Eccles, St. Thomas's; W. Heatley, Ernest Baly, and A. B. Davies, London; H. Carlos Barr, St. Mary's; W. J. Radford and J. G. V. Sapp, Charing-cross; G. C. B. Atkinson and W. Gifford-Nash, Middlesex; F. W. Pearce, Guy's.
ANATOMY ONLY.—Albert Lucas and C. E. B. Alexander, St. Bartholomew's; Edwin Webster, St. Thomas's; F. J. Oxley, London.
PHYSIOLOGY ONLY.—F. J. Brown, Middlesex; J. S. Part, Westminster; G. T. Mould, St. George's.

(Candidates referred for three months, 6; six months, 1.)

Passed on the 20th ult.:—

ANATOMY AND PHYSIOLOGY.—L. T. F. Bryett, H. R. Henley, King's College; B. A. Snape, Charing-cross; E. O. Ashe and F. G. Twigg, London; G. Seymour and E. E. Lewis, Middlesex; R. A. Sawyer, Guy's; Charles J. Weekes, University College; C. W. Cooke, St. Thomas's.
ANATOMY ONLY.—G. John Cressy and R. Teale Wallace, Guy's.
PHYSIOLOGY ONLY.—J. Conyers Bell and W. G. Thorpe, Guy's; Isaac G. Modlin, Newcastle.

(Candidates referred for three months, 3; six months, 5.)

[In the list of candidates who passed in Physiology on the 15th ult., for "Cartmil" read Cartmel.]

The Library of the College will be closed on Monday, Tuesday, and Wednesday, 4th, 5th, and 6th of May, at 4 P.M. each day, for the purposes of the examination in Medicine and Midwifery for the diploma of Member; and on Friday, May 8th, for the Primary Examination, 156 candidates having entered for that examination.

UNIVERSITY OF DURHAM.—At the recent examinations for the certificate of proficiency in Sanitary Science, the following satisfied the examiners:—

Roberts, James Reid, M.R.C.S., L.R.C.P.
Walker, Charles Pope, M.R.C.S.

For the above examination only two candidates entered. For the first examination for the degree of Bachelor of Medicine, of sixty candidates thirty-two satisfied the examiners.

UNIVERSITY OF ST. ANDREWS.—The following registered medical practitioners having passed the required examinations, the degree of M.D. was conferred on them on April 24th:—

Anderson, John, M.R.C.S., L.S.A., Brigade-Surgeon Half-pay, London.
Davidson, Chas., M.R.C.S., F.R.C.S. Ed., L.K.Q.C.P.I., London.
Fenn, Edwin, M.R.C.S., L.S.A., Dover.
Knott, Sydenham John, M.R.C.S., L.S.A., London.
Marriott, Charles W., F.R.C.S. Ed., M.R.C.S., L.S.A., Surgeon-Major, A.M.D., Leamington.
Morgan, George, M.R.C.S., L. R.C.P. Ed., L.S.A., Pontypool.
Skelton, Henry, M.R.C.P. Ed., M.R.C.S., Downend, near Bristol.
Stott, William John, M.R.C.S., L.R.C.P. Ed., Haslingden.
Wickham, Richard Henry Brenton, F.R.C.S. Ed., F.R.C.P. Ed., Newcastle-on-Tyne.

The following gentleman also proceeded to the degree of M.D.:

Lowe, George, M.B., C.M. St. Andrews, Wymondham.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following candidates have passed the final examination for the triple qualification granted by the above-named bodies:—

Gordon, A. S., M.A., Edinburgh School.
Hill, Andrew, Glasgow School.
Laing, J. B., Glasgow School.
Spittel, Frederick George, Ceylon Medical School.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following candidates passed the Final Examination at the April sittings of the Examiners, and were admitted Licentiates:—

Clark, S. P., Glasgow Royal Infirmary.
Modder, Eugene, Ceylon Medical College.
Malcolmson, John F., Dublin and Glasgow.
Plummer, Ed., King's College and Glasgow.
Rugg, J. Foster, L.R.C.P. Edin., St. Thomas's Hospital
Somerville, Wm., Anderson's College.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At meetings of the Court of Examiners held on April 7th and following days, the undermentioned obtained the diploma in Surgery of the College:—

Alfred George Beale, Jeremiah Beahan, Louis Aloysius Byrne, Robert George Christy, Thomas Codd, James Corcoran, Edward George Cotton, Patrick James Curtin, John Cuthbert William Daune, John Joseph Davoren, John Dawson, John Empson, Frederick Hall, Michael St. Lawrence Harford, Patrick Heelan, Arthur Joseph Hogan, George Edgar Hughes, John Keany, Henry T. Knaggs, David Humphreys, Reginald Levinge, Daniel McCann, James Douglas McDonagh, William Arthur Mahon, Matthew John Marmion, John O. Callaghan, John Rogers, William John Russell, Edmond Aloysius Ryan, Jeremiah B. Ryan, John Joseph Savage, James Albert Frederick Sawyer, Robert Dudley Alger Stone, Ernest Hastings Tweedy, Thomas P. Wade, Hugh Whelan, and John Whyte.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd ult.:—

Gifford, George Taylor, King's College.
Hillier, Thomas Ernest, St. Bartholomew's Hospital.
Ritchie, Edward Duguid, St. Thomas's Hospital.

A TELEGRAM from Dongola announces the existence of an epidemic of small-pox at Omdurman.

WOOTTON WARREN, a small village near Leamington, with 700 inhabitants, is credited with having living in it seven persons whose united ages amount to 651 years, or an average of ninety-three years each.

A PORTRAIT of Dr. Fordyce Barker has been presented to the New York Academy of Medicine. The portrait, by Lazarus, represents the ex-president of the Academy in his Edinburgh academical robes, and is said to be an excellent likeness.

AT the Guildhall on the 29th ult., a butcher of Burgess-hill was sentenced to six weeks' imprisonment, without the option of a fine, for having sent four quarters of diseased meat to the London market, the same being unwholesome and unfit for human food.

ASSOCIATION OF PUBLIC SANITARY INSPECTORS.—The next meeting will be held at the rooms of the Social Science Association, Adam-street, Adelphi, on Saturday next, May 2nd, at 6 o'clock P.M. An address will be delivered by the President, Mr. Edwin Chadwick, C.B., entitled (probably) "A Review of the past Session."

AT a meeting of the Paddington Vestry on the 21st ult., it was decided, previous to affixing the seal of the Vestry to the contract for a new sewer, to obtain the opinion of a sanitary expert as to whether the sewer is required, whether it should be a brick or glazed stoneware pipe sewer, and what provision should be made for the ventilation of the sewer recommended.

THE METROPOLITAN ASYLUMS BOARD.—At the meeting of the managers of this Board on the 25th ult., another serious outbreak of small-pox in the metropolis was reported. The disease had a short time ago decreased to such an extent that it had been proposed to close the Western (Fulham) and North-Western (Hampstead) Hospitals, the wards of which were empty. In four weeks, however, no less than 874 cases have come into the hands of the medical officers, and there are now 1039 patients in the eight asylums. The motion for the closing of the two asylums mentioned was accordingly withdrawn.

AT a meeting of the City Commissioners of Sewers on the 28th ult., the Sanitary Committee presented a report stating that they had from time to time considered the question of the advisability of erecting a crematorium that the public might adopt that mode of sepulture should they so wish, and, in order to acquire every information on the subject, they requested the Court's authority to visit some place where the system was in operation, so that they might witness the cremation of a human body. Rome, Milan, or Gotha, were the places to one of which the Committee wished to proceed. The report was negatived by a large majority.

MIDLAND MEDICAL SOCIETY: PRESENTATION TO Mr. HARMAR.—At the last meeting of the session, held at the Birmingham Medical Institute on Wednesday, April 22nd, Mr. Harmar, the late treasurer of the Society, who had held that office for eighteen years, was presented with a handsome timepiece, a pair of silver candlesticks, and an illuminated address, subscribed for by 163 members. The President (Mr. T. H. Bartleet), in making the presentation, spoke of the great services Mr. Harmar had rendered to the Society. The address, which was beautifully illuminated, was as follows: "To James Harmar, Esq., M.R.C.S., L.S.A. Dear Sir,—The members of the Midland Medical Society, on your resignation of office as treasurer, are desirous of expressing their sincere appreciation of the zeal, ability, and success with which you have discharged the duties of that office during a period of eighteen years." Affixed to the clock was a plate with an inscription also testifying to Mr. Harmar's valued services.

OXFORD GRADUATES' MEDICAL CLUB.—The chair at the next dinner of this Club is to be taken by Dr. John W. Ogle, of Trinity College, and, it being the anniversary meeting, only members of the Club will attend. The dinner is to take place on Thursday, May 21st, at 7.30 P.M., at Limmer's Hotel, George-street, Hanover-square. It will be remembered that the Club was started only last year, and it already numbers more than one hundred members, a very large proportion of these practising medicine or surgery and holding Oxford degrees. The Secretaries are Dr. Samuel West and Mr. J. H. Morgan, and those intending to be present should forward their names to one of these gentlemen.

HOSPITAL SUNDAY AT ROCHESTER.—Hospital Sunday has been observed as usual in Rochester and Chatham by the Mayor and Corporation attending the Cathedral in state. There were large congregations at both services, as well as at other places of worship in the neighbourhood where sermons were preached in behalf of the fund. At St. Bartholomew's Hospital, Chatham, more than 12,000 patients have received treatment during the past year, and these have come from sixty-one different parishes. The superintendent of St. Paul's Sunday School, writing to the local press, says that by encouraging children to bring their pennies on Hospital Sunday he has collected seventeen or eighteen shillings a year for the fund, and he suggests that this plan might be generally adopted in Sunday schools belonging to both churches and nonconformist places of worship, with the result of considerably augmenting the collections already made.

UNIVERSITY OF CAMBRIDGE.—The preliminary notice of the dates of the examinations for Medical and Surgical Degrees, for Easter term, 1885, has been issued. For the degree of Bachelor of Medicine, the first examination will begin on June 5th, the second on June 9th, and the third (Parts I. and II.) on May 12th and 13th; for the degree of Bachelor of Surgery, on May 16th; for the degree of Master of Surgery, on May 15th and 16th. The names of candidates for the third examination and for the examinations in Surgery must be sent to the prælectors of their respective colleges on or before May 4th; those for the first or second examinations on or before May 26th. The certificates of candidates, accompanied by their postal addresses, must be sent to the Secretary, not less than seven days before the beginning of the examination for which they are entered. The fees for the examination must be paid to the Registrar of the University before the certificates are sent in.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BAKER, THOMAS, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the First District of the Havant Union.

BENNETT, E. A., L.R.C.S.Ed., L.S.A.Lond., L.M.Ed., has been appointed Honorary Surgeon to St. Mary's Cottage Hospital, Southampton, vice Wilme, deceased.

CHAPMAN, GEORGE, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Yoxall District of the Lichfield Union, vice Ramsden.

FERNANDEZ, EDWARD J., L.R.C.P., L.R.C.S., L.M., has been appointed Medical Officer of Health and Port Surgeon under the Bombay Government at Perim Island, Red Sea, Arabia.

FOORD-CLARK, HARRY, L.R.C.P., L.R.C.S., L.M.Ed., has been appointed Government Medical Officer and Public Vaccinator to the Town and District of Moree, New South Wales.

FOWLER, TREVOR, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Nazeing District of the Epping Union, vice Priest.

HANDFORD, HENRY, M.D., M.R.C.P., has been appointed Physician to the General Hospital, Nottingham.

HELM, ROBERT DUNDAS, M.B. & C.M.Ed., has been appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

MCCRACKEN, JOHN, M.B., M.Ch.Glas., has been appointed Medical Officer for the Kilburn District of the Thirsk Union, vice Stevens.

MACKENZIE, HECTOR WILLIAM GAVIN, M.A., M.B.Cantab., has been appointed Resident Assistant-Physician at St. Thomas's Hospital, vice Percy Smith, M.D., resigned.

MARR, JOSEPH BELL, L.F.P.S.Glas., L.R.C.P.Ed., has been appointed Health Officer for the Shire of Ballan, Victoria.

MYDDELTON-GAVEY, E. H., M.R.C.S. & L.S.A.Lond., has been appointed House-Surgeon at the Leeds General Infirmary.

PARRY, GEO. HALES, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Dorking District and Workhouse, Dorking Union, vice Batson.

POPE, PERCY, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Fourth District of the Havant Union.

ROBINSON, ARTHUR HENRY, M.D.Dur., M.R.C.S., has been appointed Medical Superintendent of the Infirmary, and Medical Officer of the Workhouse and Schools, Mile-end Old Town Hamlet.

SMITH, PERCY, M.D., has been appointed Assistant Medical Officer to Bethlem Royal Hospital.

SYMONS, GEO. FRANCIS, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Third District of the Newton Abbot Union.

WHITELEY, GEO. WILLIAM, L.R.C.P.Ed., L.R.C.S.Ed., M.R.C.S., has been appointed Medical Officer for the Second District of the Alderbury Union.

Births, Marriages, and Deaths.

BIRTHS.

BEAUMONT.—On the 24th ult., at Shirley, Southampton, the wife of Charles G. Beaumont, M.D., of a daughter.

BUNN.—On the 25th ult., at Ferndale, Upper Norwood, the wife of C. Grinling Bunn, L.R.C.P., M.R.C.S., of a son.

HINE.—On the 23rd ult., at Eppingdale, Leytonstone-road, the wife of A. Leonard Hine, L.R.C.P., M.R.C.S., L.S.A.Lond., of a son.

NORTON.—On the 28th ult., at Upper Gloucester-place, the wife of G. Everitt Norton, M.R.C.S. &c., of a daughter.

STOCKS.—On the 22nd ult., at Courland, Wandsworth-road, London, S.W., the wife of Frederick Stocks, M.R.C.S., of a daughter.

MARRIAGES.

HARE—CUMMINS.—On the 23rd ult., at St. Paul's, Brentford, Evan Herring Hare, M.A., M.R.C.S., son of Evan Hare, of Kew, to Emily Lucy, daughter of the late Richard Norris Cummins, of Mortlake.

HIGGENS—GREENWOOD.—On the 22nd ult., at Titchborne, Hants, by the Hon. and Rev. Everard Arundell (cousin of the bride), Charles Higgens, F.R.C.S., 38, Brook-street, W., Ophthalmic Surgeon to Guy's Hospital, to Evelina, eldest daughter of the late Colonel Greenwood, of Brookwood Park, Hants.

KNOTT—HOLMES.—On the 23rd ult., at St. Andrew's Church, Higher Blackley, near Manchester, by the Rev. E. Parker, William Knott, surgeon, of Waterhead, Oldham, to Aimée, only daughter of E. Holmes, Esq., Boothroyden, Manchester.

MATTHEWS—VEVERS.—On the 20th ult., at Holmer Church, Samuel Richard Matthews, M.D., of Hereford, to Maria Elizabeth (May), youngest daughter of Henry Vevers, Esq., of Highmore House, Hereford.

MACQUEEN—COMBERBACH.—On the 22nd ult., at Huyton Parish Church, Thomas MacQueen, M.B., C.M., of Eastbourne, to Edith Mary, youngest daughter of Robert S. Comberbach, of South Park, Huyton.

MOTT—SOLEY.—On the 22nd ult., at Christ Church, Sefton Park, Liverpool, by the Rev. Henry Coote, A.B., Rector of Donaghadee, Fredk. Walker Mott, M.B., B.S.Lond., to Georgiana Alexander, daughter of the late George Thomas Soley, Esq., of Parkfield-road, Liverpool.

RINGER—RICH.—On the 16th ult., at Hardwicke, Aylesbury, by the Rector, the Rev. W. Bigg-Wither, assisted by the Rev. Newton B. Young, Rector of Tillbrook and Rural Dean, Deputy Surgeon-General Theobald Ringer, late 7th Bengal Cavalry, son of the late William Ringer, Esq., of Laugharne, Carmarthenshire, to Frederica Adela, eldest daughter of the Rev. Henry Rich, Great Aine, Alcester, Warwickshire, and formerly Curate of Hardwicke-cum-Weedon.

DEATHS.

ANDERSON.—On the 28th ult., at Abingdon-road, Mark French Anderson, L.R.C.P.Ed., M.R.C.S., in his 81st year.

BLAKEMORE.—On the 19th ult., at his residence, Montpelier-road, Brighton, William Blakemore, F.R.C.S., late of Grosvenor-street, son of the late William Blakemore, of H.M. Exchequer.

CAUNT.—On the 19th ult., at Dudley-place, Paddington, John Caunt, M.R.C.S., formerly of Nottingham, in his 82nd year.

CRERAR.—On the 1st ult., at the Royal Military Asylum, Chelsea, James Crerar, Deputy Surgeon-General.

DIXON.—On the 25th ult., at Lansdowne-terrace, West Brighton, Joseph Dixon, M.R.C.S. and L.S.A.Lond., aged 62.

DUNCAN.—On the 22nd ult., at 6, Harley-street, Cavendish-square, W., after a few days' illness, Ada Mary, the loving and much-loved wife of William A. Duncan, M.D., F.R.C.S.Eng., aged 38.

EDMONDS.—On the 22nd ult., at Fowey, Cornwall, Fredric Edmonds, M.D., F.R.C.S.E., late of Guanajuato, Mexico, aged 75.

FRANKS.—On the 19th ult., at Billesdon, Leicester, William Francis Franks, M.R.C.S., L.S.A.Lond., aged 71.

GARDINER.—On the 23rd ult., at Wimpole-street, G. G. Gardiner, M.D., also of Finsbury-circus, aged 49.

GLEADALL.—On the 22nd ult., at his residence, St. George's Villa, Sheffield, James Gleadall, F.R.C.S., in his 67th year.

INNES.—On the 23rd ult., at Lyndhurst-road, Hampstead, Surgeon-General Francis William Innes, C.B., aged 73.

WHITELOCK.—On the 27th ult., at Chalcot-crescent, Regent's-park, Surgeon-Major Thomas William Whitelock, in his 70th year.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, May 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Casual communications by Messrs. E. Lloyd Williams, F. I. Hutchinson, W. A. Hunt, David Hepburn, and C. W. Dunn of Florence (per Mr. Storer Bennett, Hon. Sec. Foreign Correspondence).—Dr. W. St. George Elliott: Bridge Work, with Remarks on Electro Motors.

Tuesday, May 5.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

ROYAL INSTITUTION.—3 P.M. Prof. Gamgee: Digestion and Nutrition.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Charlewood Turner: (1) Tumour of the Brain; (2) Posterior Sclerosis of the Cord (card).—Dr. Norman Moore: Malignant Disease of the Cranial Bones in a Child.—Dr. Dyce Duckworth: Sarcoma of the Lung and Brain in a Child.—Dr. G. N. Pitt: The Viscera of a Syphilitic Infant.—Dr. Payne: Varicella Gangrenosa.—Mr. Paul: A group of cases of Primary Carcinoma of the Liver.—Dr. Goodhart: Cirrhosis simulating Cancer of the Liver (card).—Mr. Shattock: Actino-mycosis of the Liver (card).—Mr. Bilton Pollard: Callus of Tibia and Fibula.—Dr. Hadden: Chronic Cerebro-spinal Meningitis.—Mr. Sutton: Typhoid Fever in Animals.—Mr. Battle (for Mr. Croft): (1) Primary Sarcoma of the Kidney (card); (2) Fistula between Small Intestine and Bladder (card).—Mr. Doran: Pedunculated Fibroma on the Outer Wall of an Ovarian Cyst (card).—Mr. D'Arcy Power: Three Specimens of an Encysted Hernia (card).—Dr. Percy Kidd: (1) Intercalar Ulceration of the Tongue (card); (2) Small Fibroma of Cæcum (card); (3) Tubercular Ulceration of the Tongue (card) (for Mr. H. H. Taylor).—Mr. Churchill: (1) Congenital Papillomata of Mouth and Neck (card); (2) Acute Ostitis of Tarsus.

Wednesday, May 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department: 9.30 A.M., on Tuesdays and Fridays.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department: 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. Horrocks and others.—Dr. Matthews Duncan: On the Ulceration of Lupus of the Female Generative Organs.—Dr. W. H. Day: Case of Uterine Fibroid complicating Labour treated by Enucleation.—Dr. John Williams: On Serous Perimetritis.

Thursday, May 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Tyndall: Natural Forces and Energies.

HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. M. Handfield Jones: Notes on a case of Porro's Operation, with Specimen.—Dr. A. de Watteville: Methods of Electrical Diagnosis in Nervous Diseases.

Friday, May 8.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—2.30 P.M. Council Meeting.—4 P.M. Quarterly Meeting. A resolution will be proposed to express the feeling of the Association on the retirement of Lord Shaftesbury from the Lunacy Commission. The provisions of the proposed Lunacy Amendment Bill.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Hadden: A case of Obstruction of the Arteries and Veins extending over many years.—Mr. J. R. Lunn: Osteitis Deformans.—Dr. Cayley: A case of Hæmoptysis treated by the Induction of Pneumothorax so as to Collapse the Lung.—Mr. Charles Symonds: A case in which, at the request of the late Dr. Mahomed, a Calculus was removed from the Vermiform Appendix for the relief of recurrent Typhlitis.

ROYAL INSTITUTION.—9 P.M. Mr. W. F. R. Weldon: On Adaptation to Surroundings as a Factor in Animal Development.

Saturday, May 9.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Mr. W. Carruthers: Fir-trees and their Allies.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, April 30th, 1885.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Apl. 24	29·65	S.W.	52	48	84	60	45	·18	Cloudy
,, 25	29·37	S.W.	55	51	105	61	50	·07	Stormy
,, 26	29·54	S.	55	50	106	62	49	·05	Cloudy
,, 27	29·71	E.	56	51	97	64	50	·03	Hazy
,, 28	29·75	S.W.	57	51	109	67	47	...	Hazy
,, 29	29·66	S.W.	54	50	104	65	50	·54	Cloudy
,, 30	29·87	N.	53	49	84	60	44	...	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

AN OLD POOR-LAW MEDICAL AGREEMENT.

To the Editor of THE LANCET.

SIR,—Perhaps the following extract from the meetings of the Vestry of West Coker, Somerset, giving the terms of agreement for the "parish doctor," may be of sufficient antiquarian interest as to merit insertion in your columns. It is the earliest notice of the kind that I have seen. Like the present arrangements with the Local Government Board, it will be seen that midwifery and compound fractures are "extras."

I am, Sir, yours faithfully,

West Coker, Somerset, April 27th, 1885. JNO. RADIE.

"1778, May 18th.—At a vestry legally held it was agreed on the part of the parishioners to advance yearly the sum of five guineas to Mr. Shorland of Yeovil for the following purpose: that is to say, that he, the said Mr. Shorland, shall give due and necessary attendance on the poor of this parish when required, and lend them when needful his good assistance as a surgeon and apothecary, compound fractures and midwifery excepted in the first and small-pox in the latter; and Mr. Shorland on his part doth promise faithfully to fulfil the above when required."

(Here follow the signatures.)

Another extract:—

"24th April, 1786.—This agreement then ceased."

"AGORAPHOBIA."

To the Editor of THE LANCET.

SIR,—In reply to Dr. Evans's question in your last issue concerning the treatment of agoraphobia, allow me to refer him to my letter on this symptom in THE LANCET of Jan. 17th last. The best prescription for this disagreeable state of things is a mixture of bromide of potassium with sal volatile. Walking at night is, I find, in these cases much less dreaded than walking in the glare of the day; and by degrees the muscles of the limbs become firmer and more developed, and a general healthy tone takes the place of the former miserable condition of nervousness.

I am, Sir, yours faithfully,

Richmond-terrace, S.W., April 27th, 1885. H. SUTHERLAND.

To the Editor of THE LANCET.

SIR,—In answer to Dr. Evans, I may say that I have found the above condition to be a very frequent, and sometimes the only, symptom of a neurasthenic state characterised by loss of vaso-motor tone and an increased quantity of urea in the water passed by the patient. I have had a considerable number of such cases lately under my care, and, with one or two exceptions, have found that the patients have completely recovered their health in periods varying from a week to a month under the internal administration of three grains of valerianate of soda three times a day, and systematic vibration of the peripheral nerves with the electro-percuteur. I shall be happy to give Dr. Evans any further information he may desire upon the subject.—Yours truly,

Moorgate-st., E.C., April 27th, 1885. GEO. HERSCHELL, M.D.Lond.

"THE PRIMROSE."

THE first number of an amateur monthly magazine christened *The Primrose*, and published on April 19th in honour and commemoration of the late Lord Beaconsfield, has recently appeared. We understand that the magazine is intended for private circulation, and with a view of adding to the funds of the National Aid Society for the care of the sick and wounded in the Soudan. The first number contains many little stories and fragments of an amusing kind. Copies of the magazine may be ordered of A. Wilson Fox, Esq., 67, Grosvenor-street, or of C. L. Sclater Booth, Esq., 74, St. George's-square, London, S.W.

Dr. Golaub Sing is referred to some remarks which appear on another page.

REAL DISEASE OR MALINGERING?

To the Editor of THE LANCET.

SIR,—About a fortnight ago I was asked by a patient to examine a servant in his employment. She was nineteen years of age, and was described as a steady, industrious girl. She complained of palpitation of the heart, with periodical attacks of syncope. I elicited that she had had rheumatic fever, and was subject to irregular and excessive menstruation. But the symptom which caused her employers the greatest uneasiness was the markedly cyanotic appearance of her lips whenever she was seized with one of these attacks. When I saw her, her lips were of a normal colour. Her pulse was slightly irregular in rhythm, but more so in volume. On examination, I detected a very slight mitral systolic murmur. Her lungs were sound. I noticed no embarrassment in her breathing, nor was there any anasarca; the urine was found to be free from albumen. I communicated my diagnosis to the girl's master and mistress, and expressed my ignorance as to the cause of the cyanosis, telling them that, in my opinion, the lesion of the heart had not produced sufficient disturbance in the pulmonary circulation to produce such an advanced symptom. Four days ago I was summoned to see the girl, as she was very much worse. I found her in bed; her face was very pale, and her lips were of a cobalt blue. Examination revealed that the inside of the lips was of the natural colour. With the aid of a moistened towel I proceeded to restore the natural colour to the outside of the lips, and transferred the cyanosis from the lips to the towel, on which I discovered traces of previous attacks of cyanosis. I then informed her employers that it was a case of "fiction founded on fact," and that the girl, through hysteria or for the purpose of malingering, had had recourse to Nature to supply a symptom of which she deemed herself deficient. This they cannot, and will not, believe, remarking that the girl has never sought to profit by her cyanosis, and that a careful examination of her effects had failed to discover the wherewithal for the fraud. The girl, who is very intelligent, has, to me and to her employers, strenuously and in the most indignant manner denied the truth of my statement.

I would esteem it a great favour if in your next issue you would inform me whether my opinion is capable of error in this case, and whether there is really any morbid state capable of producing a cyanosis susceptible of cure by soap and water. You would thus satisfy me, and I would be enabled to satisfy my patients.

I am, Sir, yours faithfully,

FREDK. W. FRIEND,

Hon. Surgeon, Isle of Man General Hospital.

Douglas, Isle of Man, April 20th, 1885.

CONTAGIOUS DISEASE CARDS.

To the Editor of THE LANCET.

SIR,—At page 677 of THE LANCET of April 11th there is a paragraph stating that Mr. Adams "has devised a card" which "embodies a neatly-drawn-up chart, and indicates the presumed normal periods of latency, premonitory fever, duration of pyrexia, and of infectiveness" of certain contagious diseases. "It is issued by Messrs. Churchill." I think it is only right that attention should be called to the fact that the figures given by Mr. Adams were previously published in the *Health Journal* of March, 1884, accompanied by a coloured chart, and that the figures and chart were shortly afterwards republished in a pamphlet issued by Mr. Heywood at 6*d*.

I am, Sir, your obedient servant,

Chester, April 18th, 1885. G. A. KENYON.

*** We think it only due to Mr. Francis Vacher, the author of the pamphlet referred to by our correspondent, to insert the above. So far as the chart and tables go, the similarity between the two is absolute; and it is to be regretted that Mr. M. A. Adams has not acknowledged the source from which he apparently derived not merely the idea, but the actual figures of his "card." Mr. Vacher's pamphlet contains the evidence upon which these figures are based, and is well worthy of perusal.—ED. L.

"IS ALCOHOL A FOOD?"

To the Editor of THE LANCET.

SIR,—In my paper on the above subject, which you were kind enough to publish last week, I notice a printer's error, which I trust you will allow me to correct. In page 744, twenty-third line from the bottom of the first column, instead of "sulphate or oxide of chromium" read "sulphate *of* oxide of chromium.—I am, Sir, yours truly,

Potter's Bar April 27th, 1885. T. W. THOMPSON.

SPURIOUS CUBEBS.

To the Editor of THE LANCET.

SIR,—A few days ago a patient of mine who had been taking cubeb powder called on me, complaining of its having made him feverish, with sickness and purging. He looked wretchedly ill and weak; the pulse was feeble, the tongue very much coated, and he had general aching pains all over. He told me that he had taken the powder for a week without its disagreeing with him; then he had to buy some more. The new sample had a more acrid and unpleasant taste, and gave rise to nausea, followed by diarrhœa, &c. He persevered with it for three days, when he became so ill that he could not go to business. He attributed his present condition entirely to the new cubebs, which he brought for me to see. On comparing it with a sample procured at Messrs. Corbyn's, I found that it was lighter in colour, and that on crushing some of it on a sheet of white paper lighter streaks were seen amongst the general brown. The smell was drier, less aromatic, and the taste hotter, more peppery, with less of the aromatic cooling pungency of pure cubebs. It appeared certain that this sample was adulterated with some powder possessing acrid and irritant properties. On inquiring amongst the wholesale houses, I found that a spurious berry had lately been offered for sale under the name of cubebs, and that a certain quantity had been sold; and I feel sure, on comparing the berry with the adulterated powder, that it was mixed with it. I understand that these spurious cubeb berries were offered for sale in the French markets, but were seized by the authorities. The berry somewhat resembles cubebs in its external character, being wrinkled and stalked, but it contains a single hard seed; it is not a pepper, but is the berry of a species of laurel from West Africa. I may add that my patient soon recovered, and is now taking cubeb powder without any bad effect, so that it is clear his recent indisposition was caused by the adulterated sample.

The consideration of this gross example of adulteration shows how impossible it is for us to depend upon the present system of Government inspection, for the bags of spurious cubebs were publicly offered for sale without any hindrance from the authorities, although Mr. Holmes called attention to them in the *Pharmaceutical Journal*. The subject is one of great importance, and I hope that we may look forward to some more perfect means for preventing the wholesale adulteration of drugs than at present exists; for surely it is as important to have the supplies at the drug brokers inspected as it is to test a few drops at the retail chemist's.

I am, Sir, yours faithfully,

Frederick-place, Old Jewry, April 27th, 1885. BUXTON SHILLITOE.

Mr. F. P. Smith (Shepton Mallet).—The firm in question has acted in accordance with the practice of high-class publishers.

"TRANSVERSE HERMAPHRODITISM."

To the Editor of THE LANCET.

SIR,—In THE LANCET of April 26th Mr. J. H. Morgan is reported to have said, in the discussion on a case of Hypospadias at the Pathological Society, that he was uncertain whether the mixture of external and internal organs of different sexes in the same individual had ever been observed. In the last bulletin of the Anatomical Society of Paris will be found the report on such a case. The specimen is in the Museum at Paris. It was that of a full-grown fœtus which died during protracted delivery, and which I dissected, fully believing that it was a male. The penis was well formed but for slight hypospadias, and the scrotal raphé was very marked. The bulb and prostate were extremely well developed, and into the latter opened a vagina, above which were a perfect uterus, ovaries, Fallopian tubes, &c. The other viscera were normal. So far as I have been able to ascertain, this is the first dissected specimen in this country; but cases have been recorded in France in which such a strange condition (well expressed by the term "transverse hermaphroditism") must have existed. Thus M. Petit was consulted by a married man who was sterile, and who had a flow of blood from the urethra every month; so that it is plain that if my case had attained adult life he would have presented no external appearances hindering him from being married. There is no note as to the state of the mammæ in M. Petit's case, but they could not have been large. See also M. Bouillaud (*Journal Hebdomadaire de Médecine*, tome x., p. 406). Transverse hermaphroditism as a rare cause both of sterility and of hæmaturia is worth being kept in mind.—I am, Sir, yours truly,

Cavendish-square, April 27th, 1885. J. HUTCHINSON, Junr.

Mr. G. Heaton.—In 1883 the births of males in England and Wales were 103·5 to 100 of females. The numbers for the United Kingdom are not yet available.

Zero.—We are not aware that anything has been done in the matter to which our correspondent refers.

"CORONERS AND POST-MORTEM EXAMINATIONS IN WORKHOUSES."

To the Editor of THE LANCET.

SIR,—Your Liverpool correspondent, under the above heading, calls attention to the "Croydon Workhouse case" in your issue of April 25th. In all the published reports of the case which I have read, and I think I have perused nearly all of them, the judge was careful to use the word "workhouse infirmary," and not simply "workhouse"—a distinction which carries a great difference.

I am, Sir, yours faithfully,

April 27th, 1885. A MEDICAL OFFICER.

RINGWORM.

To the Editor of THE LANCET.

SIR,—All of us will agree with Mr. Alder Smith when he asserts, in speaking of tinea capitis, that he "considers it extremely difficult to certify that a child who has had ringworm is absolutely well" (THE LANCET, January, 1880); but one rarely has the same experience in mild cases of the disease attacking other parts of the skin. In fact, if no spores are to be found in the epidermis scraped off the spot at the end of two weeks after treatment has been discontinued, it has always been, under ordinary circumstances, in my experience, safe to permit the child to mingle with its companions, and resume school work. That this, however, is not invariably a course free from risk the following case has lately shown me. A little boy, on Feb. 17th last, was observed to have a red spot on the outer side of the right eye. As it increased in size, he was sent to me on the 19th, when it had reached the size of a sixpence; the margin was slightly papular and red, and the centre was much paler and somewhat scaly. The epidermis scraped off and soaked in liquor potassæ showed under the microscope plenty of ringworm spores. After a few days' treatment no spores could be seen. The treatment was discontinued on March 1st. On the 5th there were no spores, the spot appearing almost natural; and a week later the same condition was noted. The child resumed the companionship of his brothers, but had separate toilet arrangements and bed. On April 17th he came again to me. On the outer edge of the old spot a small red papule was seen, and under the microscope a few conidia were found in the epidermis scraped from it. In fact, the ringworm had recurred after five or six weeks of apparent absence on the face of a thin-skinned child, who had not another spot on him, and who had not been exposed to any fresh infection that could be discovered. I may remark that there is much fine downy hair all over the skin, such as is not uncommon in a certain type of children, and the germ that revived probably found a safe hiding-place deep in some of the hair follicles.

The above case has only been narrated with the object of eliciting the observations and experience of others as to the interval after which it is safe to allow a child who has had mild ringworm (not affecting the scalp) to return to school and family life. The fortnight, which I have always considered enough after treatment has been left off and the case apparently cured, appears to be, at all events in some cases, insufficient.

I am, Sir, yours faithfully,

East Twickenham, April 23rd, 1885. H. HOWARD MURPHY, M.D.

"DISINFECTING CHAMBERS."

To the Editor of THE LANCET.

SIR,—Permit me to inform "A Medical Officer of Health," in answer to his question under the above heading in your issue of April 18th, that I think he will find Dr. Scott's disinfecting apparatus a most efficient one. It is made by Maguire and Son, of Dawson-street, Dublin, who have been awarded prizes and diplomas of merit for it at various exhibitions where it has been shown. In Dublin it is used at the Cork-street Fever Hospital and at the Rotunda Lying-in Hospital, and gives satisfaction. I believe it has been supplied to several union districts and townships both in England and Ireland, as well as to the War Department for use in military hospitals. One of the chambers is, I know, at the Herbert Hospital, Woolwich, and there is another at Blackpool. By means either of gas or of a coal and coke furnace a temperature of 300° F. can readily be obtained and maintained in them as long as requisite.

I am, Sir, yours truly,

GEORGE F. DUFFEY, M.D. Dub.,
Vice-President, King and Queen's College of Physicians,
Dublin, April 24th, 1885. Ireland.

To the Editor of THE LANCET.

SIR,—In reply to "A Medical Officer of Health," I would beg to draw his attention to Dr. Scott's Patent Self-regulating Gas or Coal Disinfecting Chambers, awarded a gold medal in Dublin, and several special prizes at London and other exhibitions. Several improvements have been recently added, partly on the suggestions of the authorities most interested, and partly from actual experience. An arrangement is made whereby the heated air is caused to circulate within the chamber to maintain even temperature throughout. An appliance is also added by which hot air is forced into the interior of mattresses and feather beds. The various improvements render Dr. Scott's invention the best, the safest, the easiest worked, and the most economical in fuel. The regulator turns down the gas when the desired temperature is reached, and no gas is wasted. A very large number have been supplied to Government and other institutions.

I am, Sir, yours truly,

Dublin, April 22nd, 1885. WM. ROBT. MAGUIRE, F.R.M.S.

Mr. T. H. Buckler (Biarritz).—We have nothing to add to our remarks published in THE LANCET, vol. ii., 1882, page 951.

"AUTUMNAL STONE."

To the Editor of THE LANCET.

SIR,—Could any of your readers give me any information about the "autumnal stone"? It is like a piece of white marble. Does it possess any medical properties? It is kept in cotton wool in a stoppered bottle, and has on the bottle the words "Wuhu No.," with some Chinese writing on. It was given to me by a friend, and came from abroad.

I am, Sir, yours respectfully,

Conway, April 22nd, 1885. ROBERT JONES, Surgeon.

Dr. Sargent (Shadwell).—Although the unregistered practitioner referred to by our correspondent has no legal right to use the official form of medical certificate issued by the Registrar-General "for the use of registered practitioners only," we fear that there is no legal penalty incurred by such misuse of the document, since the unregistered practitioner is careful to guard against any pretence of being registered, which would be a punishable offence. Forms are only issued to persons supposed to be registered practitioners. A certificate signed in such a manner as the one enclosed by our correspondent would not be accepted as a legal certificate by the local registrar, and the cause of death would be entered in the death register as uncertified.

Mr. E. Shoesmith (Rochdale).—So far as we know, data are wanting to show whether injurious results follow the constant use of salicylic acid as a preservative of animal food.

A. B. has not enclosed his card.

AFTER-CARE OF MENTAL CONVALESCENTS.

To the Editor of THE LANCET.

SIR,—The Ladies' Committee of the Association for the After-care of Poor and Friendless Female Convalescents on Leaving Asylums for the Insane propose holding a bazaar at the Town-hall, Kensington, on Tuesday, May 19th, and the following day, in order to raise funds towards the opening of a Home for Mental Convalescents. Contributions may be forwarded to Mrs. Ellis Cameron, 27, Church-street, Kensington, or to me. I am, Sir, yours obediently,

HENRY HAWKINS, Hon. Sec.

Chaplain's House, Colney Hatch, N., April 27th, 1885.

*** This is an excellent charity, and deserves sympathy and practical help.—ED. L.

CASCARA SAGRADA.

To the Editor of THE LANCET.

SIR,—Perhaps some of your readers can inform me whether cascara sagrada possesses two principles, one an hepatic and the other an intestinal stimulant, so that the difference in the action of the two preparations might be explained by the removal during manufacture of one or other of them, or their presence in different proportions in the crude drug. I am, Sir, yours truly,

Glan Menai, Llandudno, April 28th, 1885. T. L. E. DAVIES, M.B.

Late Assistant.—The original letter cannot now be recovered. If our correspondent will repeat his inquiry and append his name, we will endeavour to answer his question.

A M.O.—We cannot decide the question.

Inquirens.—The spirituous tincture should be used.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Buxton Shillitoe, London; Dr. C. E. Saunders, London; Dr. De Watteville, London; Mr. Reginald Harrison, Liverpool; Dr. Luke Armstrong, Newcastle-on-Tyne; Dr. Thin, London; Mr. A. T. Bentley, Manchester; Mr. A. Field, Bradford; Dr. Shirtliff; Dr. Cartwright Reed, Douglas, Griqualand; Dr. Musser, Philadelphia; Dr. Althaus, London; Dr. H. Sutherland, London; Dr. Massy; Dr. Illingworth; Dr. Edge, Salford; Mr. Harvey, London; Mr. Jackson, Somerby; Mr. W. M. Maguire, Dublin; Mr. Pilkington; Dr. H. M. Murphy, Twickenham; Mr. Wm. Donovan, Birmingham; Mr. R. Jones, Conway; Mr. D. T. Richard, Ton Pentre; Mr. Kershaw, London; Mr. A. B. Gemmel, Greenock; Dr. Munro, Jarrow; Dr. Duffey, Dublin; Mr. Collings, Guernsey; Dr. Badie, West Coker; Dr. Sargent, London; Dr. Eben Watson, Glasgow; Mr. Limont, Newcastle-on-Tyne; Mr. Snell, Sheffield; Mr. Jas. Hardie, Manchester; Dr. J. C. Murray, Newcastle-on-Tyne; Mr. T. F. Chavasse, Birmingham; Dr. O'Dwyer, Gimdagal; Mr. Saberton, Manchester; Mr. Davies, Glan Menai; Mr. Banks, London; Mr. F. C. Montague, London; Mr. Moore, Port Royal, West Indies; Rev. J. Wright; Messrs. Dolman and Co., Haverstockhill; Messrs. Pemberton, Manchester; Messrs. Wood and Co., New York; Mrs. George, Malvern; Messrs. Maguire and Son, Dublin; Mr. J. Carter, London; Miss Roliston, Leicester; Messrs. Byles and Sons, Bradford; Mr. Rodgers, Nottingham; Mr. Rodgers, Ringhampton, U.S.A.; Dr. Thomas, Glasgow; Mr. Somerville, Edinburgh; Mr. Wagstaff, Sneinton; Dr. Willey, Sheffield; Mr. Banks, Edinburgh; Messrs. Mackay, Edinburgh; Messrs. Macmillan and Co., Cambridge; Miss Haslam; Dr. Copbold, Lyme Regis; Mr. Medmaine, Newcastle; Messrs. Mulliner and Co., Northampton; Mr. Keeting, Manchester; Mr. Davey; Mr. Durham, London; Mr. Anderson, Glasgow; Miss Pudney, Leicester; Messrs. Oppenheimer and Co., London; Messrs. Eggington and Son, Reading; Messrs. Griffin and Co., London; Mr. Bendley, London; Messrs. Essinger and Co., London; Messrs. Atkinson and Co., Kendal; Dr. McDonald, Dorchester; Messrs. Macmillan and Co., London; Messrs. Slinger and Son, York; Mrs. James, St. John's Wood; Mrs. Carless, Liverpool; Mr. Russell, Liverpool; Mrs. Markham, Portsmouth; Mr. Haggard, Geneva; A M.O.; A. B., Liverpool; Medicus, Liverpool; Spes, Peterborough; L.R.C.P., Manchester; W.; Sartorius; A Patient.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Cornish; Mr. Barnes, Knightsbridge; Mr. Gray, Cannock; Mr. Billycald, Nottingham; Mrs. Griffith, London; Mrs. Henbrough, Waltham; Dr. Sykes, Southsea; Mr. Saunders, Camden-town; Mr. Cuckson, Gainsboro'; Mr. Parsons, Hastings; Mr. Darke, London; Mr. Knott, Oldham; Mr. Hodgson, London; Mr. Field, Bradford; Mr. Moore, Linkinhorne; Messrs. Richards and Co., London; Mr. Puddicombe, Portsmouth; Messrs. Kilner Bros., London; Messrs. Squire and Co., London; Mr. Field, Bradford; Dr. Needham, Gloucester; Mr. Crisp, Keynsham; Mr. Leiterschofen, Homburg; Messrs. Porteus and Co., Glasgow; Mr. Newsholme, Sheffield; Messrs. Bywater and Co., London; Mr. Clark, Thetford; Dr. Duncan, London; Mr. Fuge, Taunton; Mr. Dingle, Barnstaple; Messrs. Oliver and Boyd, Edinburgh; Dr. B. Squire, London; Dr. Hawthorn, Uttoxeter; Mr. White, Bayswater; Commander Blount, R.N., Chelsea; Mr. Marret, Childe Woodford; Mr. Fleet, Westgate-on-Sea; Mr. Waite, Devonport; Mr. Palmer, Eardesley; Mr. Barrows, Notts; Mr. Brown, Westgate-on-Sea; Dr. Eberle, Thirsk; Dr. Seaton, Sunbury; Miss Chreiman, Kensington; Dr. Martin; Mr. Simpson, Hoxton; Messrs. Merritt and Hatcher, London; Mr. Morgan, Stoke Newington; Mr. Laird, Birkenhead; Mr. Casella, London; Messrs. Brake and Co., Stratford; Miss Davidson, Shirley; Mr. Mason, Sudbury; Mr. Birch, Wandsworth; Messrs. Ellis and Co., London; Mr. Winkworth, Shefford; Mr. Webb, Honiton; Messrs. White and Co.; Mr. Turner, Finchley; Dr. Spowart; Mr. Montgomery, Londonderry; Dr. Bower, Bedford; Mr. Mayfield, St. Helen's; Mr. Brewitt, Natal; Dr. Finch, Salisbury; Mr. Heard, Dublin; Messrs. Beal and Co., Brighton; Mr. Walker, Middlesboro'; Dr. Armstrong, Harperhey; Mr. Cresweller; Messrs. Sydenham, Bournemouth; Medicus, Birmingham; Glengar; Medicus, New Brompton; W. S., Durham; A. J. N., Liverpool; Surgeon, Maltchard Bishop; Beta, Liverpool; X. Y. Z., Southport; J. W.; Lady Superintendent, Newcastle-on-Tyne; H. B. G.; X., Carlisle; Treasurer, Royal College of Physicians; J. C. F., Aberdeen; B. C.; M.R.C.S., Edinburgh; T. J. B.; F.S.A., Wye; Medicus, Ipswich; Tibia; Medicus, Southport; Medicus, St. John's Wood; Venator, Nelson; Registrar, Bath; Medicus, Liskeard; V., London.

The Child's Pictorial, The Lady's Journal of Decoration, Liverpool Post, Manchester Guardian, &c., have been received.

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